Child and Family Services Review

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Statewide Assessment

May 7, 2003

Improving the lives of children and families…
because we can

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

May 7, 2003

Mr. David Lett, Regional Administrator
Child Welfare
Department of Health and Human Services
Administration for Children and Families, Region III
150 S. Independence Mall West, Suite 864
Philadelphia, Pennsylvania 19106-3499

Dear Mr. Lett:

I am pleased to submit Virginia's Statewide Assessment for the Child and Family Services Review. This self-assessment has identified many strengths and challenges for state and local child and family services programs. We have fully engaged over 150 stakeholders on various committees, as well as sought input through multiple surveys and focus groups from across the state. We have welcomed the opportunity to fully assess our programs and systems.

Virginia's on-site review during the week of July 7, 2003, will permit examination of practices and outcomes across three different localities, specifically Fairfax, a suburban area relatively rich with resources; Norfolk, an urban city facing challenges similar to those of other urban areas across the state; and Bedford, a rural county with modest resources. Since Virginia is a locally administered system with 121 local departments of social services, local autonomy and variable economic wealth among counties and cities present various challenges. We fully anticipate that best practice approaches will emerge from the review, and we plan to share those practices with other local departments of social services.

I assure you that Virginia is very committed to improving the lives of children and families. We are proud of our programs, services, collaborations and initiatives. We also recognize that we can achieve more successful outcomes and look forward to the opportunity to learn from findings and suggestions of our federal partners.

Sincerely,

Maurice A. Jones

Maurice A. Jones
Commissioner

c: The Honorable Jane H. Woods
Secretary of Health and Human Resources

GENERAL INFORMATION

Name of Agency
Virginia Department of Social Services
Period Under Review
Federal Fiscal Year for Onsite Review: 2003 Period of AFCARS Data: April 1, 2002 – September 30, 2002 Period of NCANDS Data (or approved source): April 1, 2002 – November 30, 2002
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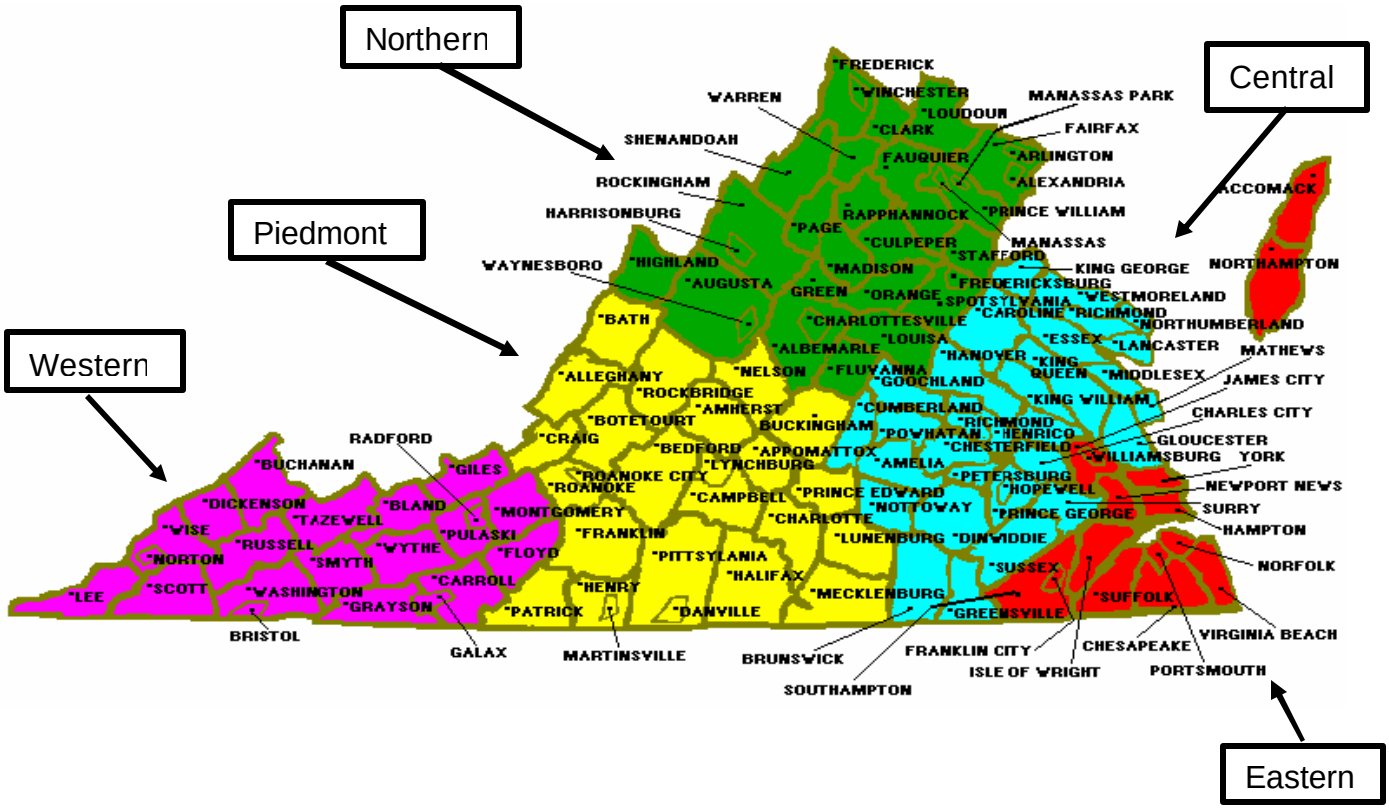
Introduction

Virginia has a state-supervised, locally administered child and family services system, with 121 local departments of social services (LDSS). Virginia has 135 local political entities, made up of 40 independent cities and 95 counties. A number of small independent cities have agreements with surrounding counties to combine social services and other public organizations. Virginia's LDSS also administer Food Stamps, TANF, Medicaid eligibility, child care and other programs.

The Virginia Department of Social Services (VDSS) has oversight responsibility for child and family services in Virginia. The Division of Family Services provides program and policy management, while five regional offices throughout the Commonwealth oversee local operations, as follows:

Central Region	Eastern Region	Northern Region	Piedmont Region	Western Region
Amelia	Accomack	Albemarle	Alleghany-Covington	Bland
Brunswick	Chesapeake	Alexandria	Amherst	Bristol
Caroline	Franklin City	Arlington	Appomattox	Buchanan
Charles City County	Hampton	Charlottesville	Bath	Carroll
Chesterfield-Col Heights	Isle Of Wight	Clarke	Bedford	Dickenson
Cumberland	James City County	Culpeper	Botetourt	Floyd
Dinwiddie	Newport News	Fairfax	Buckingham	Galax
Essex	Norfolk	Fauquier	Campbell	Giles
Gloucester	Northampton	Fluvanna	Charlotte	Grayson
Goochland	Portsmouth	Fredericksburg	Craig	Lee
Greensville-Emporia	Southampton	Frederick	Danville	Montgomery
Hanover	Suffolk	Greene	Franklin County	Norton
Henrico	Virginia Beach	Harrisonburg-Rockingham	Halifax	Pulaski
Hopewell	Williamsburg	Highland	Henry-Martinsville	Radford
King and Queen	York-Poquoson	Loudoun	Lunenburg	Russell
King George		Louisa	Lynchburg	Scott
King William		Madison	Mecklenburg	Smyth
Lancaster		Manassas	Nelson	Tazewell
Mathews		Manassas Park	Patrick	Washington
Middlesex		Orange	Pittsylvania	Wise
New Kent		Page	Prince Edward	Wythe
Northumberland		Prince William	Roanoke City	
Nottoway		Rappahannock	Roanoke County	
Petersburg		Shenandoah	Rockbridge Area	
Powhatan		Spotsylvania		
Prince George		Stafford		
Richmond City		Staunton-Augusta		
Richmond County		Warren		
Surry		Waynesboro		
Sussex		Winchester		
Westmoreland				

The location of the social services regions and LDSS is shown in the following map.



Workload information by locality for average point-in-time foster care children and for child protective services (CPS) is included in Appendix A.

Virginia's Comprehensive Services Act for At-Risk Children and Youth (CSA), implemented in 1993, created a collaborative system of services and funding at both the state and local levels. CSA is a child-centered, family-focused and community-based system for addressing the strengths and needs of troubled and at-risk youths and their families in Virginia. CSA is intended to "ensure that services and funding are consistent with Virginia's policies of preserving families and providing appropriate services in the least restrictive environment while protecting the welfare of children…"

CSA created collaborative teams at both the state and local levels. At the state level, the State Executive Council (SEC) assures collaborative programmatic and fiscal policy development, and administrative oversight for the efficient and effective provision of child-centered, family-focused and community-based services. The SEC includes state agency leaders for:

- Virginia Department of Social Services
- Department of Education
- Department of Health
- Mental Health, Mental Retardation, and Substance Abuse Services
- Medical Assistance Services
- Juvenile Justice
- Supreme Court of Virginia

Local government, providers, and parent representatives also serve on the SEC. The State Local Advisory Team (SLAT) is composed of program leaders from the various state agencies, as well as local, provider, and parent representatives. SLAT addresses issues related to CSA and makes recommendations to the SEC.

At the local level, two interagency teams collaborate on services and funding. Each Community Policy and Management Team (CPMT) has administrative and fiscal responsibility for the local funds pool, and for developing local policies and procedures. Each CPMT is made up of at least one elected or appointed official or his designee and the agency heads or their designees from the local department of social services, school system, community services board (mental health), court services unit (juvenile justice), local health department, a parent and, where appropriate, a private provider.

Each Family Assessment and Planning Team (FAPT) works with families to develop an Individual Family Services Plan (IFSP). If the services needed are beyond what is available in the participating agencies and there are no other family or community resources available, the team may authorize purchasing the services with local and state CSA funds. FAPT is comprised of the supervisory level staff from the same agencies as the CPMT, a parent, and a private provider.

Virginia's licensing of children's residential programs is coordinated through the Interdepartmental Regulations for Children's Residential Facilities. Four state agencies – Education; Juvenile Justice; Social Services; and Mental Health, Mental Retardation and Substance Abuse Services – that have licensing authority for children's residential facilities collaborate using a set of core standards that all facilities must meet to be licensed by any of these departments.

Virginia's Court Improvement Program (CIP), part of the Office of the Executive Secretary, Supreme Court of Virginia, directs and coordinates efforts to improve court processes and practices in child dependency cases. This initiative has been made possible by grants from the U.S. Department of Health and Human Services since February 1995. The objective of CIP efforts is to expedite placement of foster children in safe, permanent homes and to promote the well-being of children in LDSS care. Initiatives to advance CIP goals have included establishing legislation for compliance with the Adoption and Safe Families Act of 1997 and providing the training, tools, technical assistance and technology necessary to implement state laws, procedures and best practices.

A collaborative, cross-disciplinary approach has been utilized in planning and carrying out these CIP initiatives. Stakeholder partners in this endeavor include judges, clerks of court, representatives from VDSS, LDSS and their counsel, private child-placing agencies, Court Appointed Special Advocate Programs (CASA), and guardians ad litem for children. Local court improvement teams training programs have been designed that mirror this collaborative model. To best ensure that practitioners have the information, commitment and resources needed for the successful resolution of cases involving children who have been abused, neglected and placed in foster care.

GLOSSARY

ACF	Administration for Children and Families – Federal agency overseeing and funding state, local and tribal organizations to provide child welfare, family assistance, child support, child care, Head Start, and other programs for children and families
ADOPT	Adoption Development Outreach Planning Team – A consortium of public and private agencies that focus on information sharing regarding adoption and monitor national and local adoption legislation to determine impact on the community
AFCARS	Adoption and Foster Care Analysis and Reporting System – National system for collecting data on children in foster care and children who are being adopted
APPLA	Another Planned Permanent Living Arrangement – Virginia's foster care goal for children with severe and chronic emotional, physical, or neurological disabling condition requiring treatment and services in a residential setting
APR	Administrative Panel Review – Local LDSS case review held in six-month time periods between annual court reviews for children who have a permanent goal
AREVA	Adoption Resource Exchange of Virginia – Listing to provide statewide visibility for children waiting for adoptive families through distribution of photo-listings
ARRIS	Adoption Research and Reporting Information System – Virginia's database to track finalized adoptions and interstate placements
ASFA	Adoption and Safe Families Act of 1997 – Federal law governing child welfare that is designed to improve the safety, permanency and well-being of children and families
ATC	Area Training Center – Contracted training site for skills training of LDSS staff as well as some interagency partners
BSW	Bachelor of Social Work – Undergraduate degree in social work
CAFAS™	Child and Adolescent Functional Assessment Scale – Rating scale that assesses a youth's functions across nine areas, i.e., school/work roles performance, home role performance, community role performance, behavior toward others, moods/emotions, self-harmful behavior, and substance use
CAIS	Court Automated Information System – Virginia's statewide automated system for courts utilized primarily to assist clerks in processing all court cases and generating information about those court cases

CANIS	Child Abuse and Neglect Information System – Virginia's discontinued CPS information system, replaced by OASIS
CASA	Court Appointed Special Advocate – Volunteers who advocate for abused and neglected children who are involved in the Juvenile and Domestic Relation Court system
CFSR	Child and Family Services Review – Joint federal and state review of federally assisted child and family services programs to determine substantial conformity with state plan requirements
CHINS	Child in Need of Services – Petition process for children and families experiencing serious difficulty in the home, school and/or community
CHIP	Comprehensive Health Investment Project of Virginia develops and operates a network of local public-private partnerships providing comprehensive care coordination, family support, and preventive medical and dental services to low-income, at risk children
CIP	Court Improvement Program – Virginia's initiative funded by the U.S. Department of Health and Human Service to direct and coordinate efforts to improve court processes and practices in child dependency cases
CPMT	Community Policy and Management Team – Local team, established by Comprehensive Services Act, appointed by local governing bodies, to manage local cooperative efforts to serve at-risk youth and their families
CPS	Child Protective Services – Program to identify abused/neglected children under the age of 18 and provide services to keep children safe
CRAFFT	Community Resource, Adoption and Foster Family Training – Virginia's statewide training program and technical support for foster, adoptive and resource parents
CSA	Comprehensive Services Act – Virginia's law for youth and families that provides a collaborative system of services and funding that is family-focused and community-based
CSB	Community Services Board – Local mental health agency that promotes community-based care for persons with mental health, mental retardation, and substance abuse concerns; under the auspices of the Department of Mental Health, Mental Retardation and Substance Abuse Services
CWTAC	Child Welfare Training Advisory Committee – Liaison committee from VDSS to Virginia Institute for Social Services Training Activities that plans, develops and reviews courses related to child welfare
DCDC	Detailed Case Data Component – Child level data for National Child Abuse and Neglect Data System

DCJS	Department of Criminal Justice Services - Virginia's agency that provides operational and support services to promote and enhance public safety in the Commonwealth through education, standards, forensic laboratory services, grant funding, information, programs, and technical assistance
DIT	Department of Information Technology – Virginia's agency with oversight responsibility for meeting information technology needs
DJJ	Department of Juvenile Justice – Virginia's agency providing services to delinquent youth and protecting public safety by assisting the courts in holding juveniles accountable for their actions
DMAS	Department of Medical Assistance Services – Virginia's agency overseeing comprehensive health services to qualifying Virginians and their families under Medicaid and FAMIS
DMHMRSAS	Department of Mental Health, Mental Retardation, and Substance Abuse Services– Virginia's agency providing mental health, mental retardation, and substance abuse services through comprehensive community based, inpatient and residential services
DOE	Department of Education – Virginia's agency that establishes policy, and administers and coordinates education
DRS	Differential Response System – Protocol for an alternative response to a valid child protective services report when there are no immediate safety concerns
EPSDT	Early and Periodic Screening, Diagnosis and Treatment – Health program within Medicaid for children from newborn to age 21 to detect and treat health care problems early
FAMIS	Family Access to Medical Insurance Security – Virginia's health program for uninsured children between the ages of 0 through 18 years (see CHIP) supervised by DMAS
FAPT	Family Assessment and Planning Team – Local team created through Comprehensive Services Act to assess the strengths and needs of individual at-risk youth and their families
FAST	Families and Schools Together – National two-year collaborative model that begins with eight weeks of multiple family meetings and transitions into a long-term follow-up segment called FASTWORKS
FASTWORKS	Families and Schools Together Works – Extension of the FAST program
FY	Fiscal Year
FFY	Federal Fiscal Year

GAL	Guardian ad Litem – Attorney appointed by a judge to represent a child involved in the court process and to assist the court in determining the circumstances
HHR	Health and Human Resources – Virginia's Secretariat for social services and other health and human services agencies
HHS	Health and Human Services – Federal agency for health and human services
ICAMA	Interstate Compact on Adoption Medical Assistance – Agreement among states to provide Medicaid coverage for certain adopted children and families who live out of state
ICPC	Interstate Compact on the Placement of Children – Agreement among all states governing placement and supervision of children across state borders
IEP	Individualized Education Plan – Written educational plan that guides a disabled student's involvement and progress in the general curriculum
IFSP	Individual Family Service Plan – Plan for services for children and their families developed by the Family Assessment and Planning Team under the Comprehensive Services Act
LDSS	Local Departments of Social Services- 121 county and city agencies that provide social services to the community under the oversight of the Virginia Department of Social Services
MAPP	Model Approach to Partnership in Parenting – Framework from which the Child Welfare Institute designs and conducts training programs for foster and adoptive parents
MEPA	Multi-Ethnic Placement Act – Federal law that prohibits discrimination based on race, color and national origin in the placement of children for foster care and adoption
MSW	Master of Social Work – Graduate level degree in social work
NACAC	North American Council on Adoptive Children – Council that advocates for the rights of children to a permanent, continuous, nurturing and culturally sensitive family through education, parent support, and research
NCANDS	National Child Abuse and Neglect Data System – National data collection and analysis system established by Administration for Children and Families for reporting child abuse and neglect
NFPA	National Foster Parent Association – Non-profit, volunteer organization that supports foster parents and advocates for children

NSU	Norfolk State University – Institution of higher learning in the eastern region of Virginia
OASIS	Online Automated Services Information System – Virginia's automated system for child welfare case management and information
OCOC	One Church, One Child – Virginia's non-profit organization focused on recruitment of adoptive homes for African-American children
OCS	Office of Comprehensive Services – Virginia's administrative entity for the Comprehensive Services Act
OES	Office of the Executive Secretary of the Supreme Court of Virginia – Virginia's administrative body for all courts
OIR	Office of Interdepartmental Regulation – Virginia's office that coordinates the children's residential regulatory activities conducted by the Departments of Education, Juvenile Justice, Social Services, and Mental Health, Mental Retardation and Substance Abuse Service
PATH	Parents As Tender Healers – Eight-session competency-based curriculum designed to prepare resource parents for parenting children who were abused, neglected and spent time in the child welfare system
PEATC	Parent Educational Advocacy Training Center – Organization to assist families of children with disabilities through education, information, and training
PECFAS™	Preschool and Early Childhood Functional Assessment Scale - Rating scale that assesses a child age 4-7 or preschool through second grade functions across nine areas, i.e., school/work roles performance, home role performance, community role performance, behavior toward others, moods/emotions, self-harmful behavior, and substance use
PRIDE	Parent Resources for Information, Development and Education – Program designed to strengthen the quality of family foster care and adoption by providing a standardized framework for recruitment, retention, and selection of foster and adoptive parents
PSI	Parenting Stress Index - Self-report index that measures the relative magnitude of stress in parent-child relationships, is useful in conjunction with other instruments that assess similar relationships; developed by Dr. Richard Abidin at the University of Virginia, Curry School of Education
RFP	Request for Proposals – Procedure used to solicit proposals and negotiate with offerors (to include prices)
RTC	Regional Training Coordinator – Staff who provide technical assistance and training to local departments of social services regarding the implementation of foster and adoptive parent training

RU	Radford University - Institution of higher learning in the western region of Virginia
SACWIS	Statewide Automated Child Welfare Information System – Federal term for automated information system to be implemented by each state for child welfare
SCFRT	State Child Fatality Review Team – Virginia's multi-disciplinary team established to systematically analyze child deaths to determine if the deaths could be prevented and to make recommendations for education, training, and prevention
SDC	Summary Data Component – Data reported to National Child Abuse and Neglect Data System
SEC	State Executive Council for the Comprehensive Services Act for Children and Youth – Collaborative team at the state level that oversees policies and implementation of the Comprehensive Services Act
TANF	Temporary Assistance for Needy Families – Financial assistance designed to move a recipient to employment, by turning welfare into a program of temporary assistance, replaced Aid to Families with Dependent Children
TPR	Termination of Parental Rights – Legal process to eliminate the rights of birth parents so a child is legally free for adoption
VADV	Virginians Against Domestic Violence – Statewide coalition working to eliminate domestic violence and to offer assistance and support to those serving battered women and their children
VCU	Virginia Commonwealth University – Institution of higher learning in the central region of Virginia
VDSS	Virginia Department of Social Services – Virginia's agency that administers state-mandated social services required by federal and state laws
VFCA	Virginia Foster Care Association – Foster and adoptive parent association that serves as a support system for foster parents in Virginia
VISSTA	Virginia Institute for Social Services Training Activities – Organization that develops and provides training through curriculum development and trainer resources to human service providers in Virginia; part of Virginia Commonwealth University
VOCA	Victims of Crime Act – Federal financial assistance to states for compensating and assisting victims of crime, providing funds for training and technical assistance, and assisting victims of federal crimes.

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II. Systemic Factors

Statewide Information System Capacity

Statewide Information System. *How effectively is the State able to meet the State plan requirement that it operates a statewide information system that can determine the status, demographics, location, and goals for all children in foster care in the State? Consider the accessibility of this information to State managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.*

Virginia's statewide information system, the On-line Automated Services Information System (OASIS), is fully capable of determining the status, demographics, location, and goals for all children in foster care throughout the state. OASIS is the system of record for foster care cases, with supporting paper documents such as copies of birth certificates, social security cards and court documents being stored in paper files. Workers are trained to document the OASIS record in a step-by-step process that reflects their on-going work and captures data necessary for reporting. The application includes numerous ticklers, both automated and user generated, to assist workers, supervisors and managers in case management. Automated requests for supervisor approvals, assignments and searches are done utilizing OASIS.

Through OASIS, children and families can be tracked statewide, regardless of locality, from the child protective services (CPS) point of entry into the child welfare system through the foster care system and the adoption process, as appropriate. Authorized workers have "read only" access statewide, as well as full access to cases for which they have responsibility.

OASIS has a robust reporting capacity and is able to provide data for the 121 local departments of social services (LDSS), the Virginia Department of Social Services (VDSS), and required federal reports. Approximately 200 different reports, most of which can be manipulated or re-formatted to produce numerous additional reports, are available. Included are on-line, real-time reports through the application for workers and managers. Statistical reports distributed through the VDSS Intranet site, client-specific reports e-mailed to LDSS, and outcome reports that can be produced from an associated utility are also available. These numerous reports allow for management of cases, clients, resource providers, and staff (see Appendix B for report listings).

Numerous reports can be run by worker, locality, region, or statewide. Many reports can be saved as Excel spreadsheets or are produced in this format so that the user can manipulate the data for further analysis. Advanced filter and sort functions are available with the on-line reports; results can be viewed on the screen as well as printed.

Virginia's Child Welfare Outcome Reports utility, which is the newest series of reports available, produces multiple reports and data files based on federal measures by LDSS, region, and statewide. The utility contains the AFCARS annual files for multiple years and constructs reports for analysis and comparison of compliance with federal measures. CPS reports are being added to this utility. Ad hoc reporting directly from the system is completed on an as-needed basis. OASIS data is scheduled to be included in a data warehouse, which will be available to the LDSS within the next year.

VDSS shares OASIS data on children in foster care with the Court Improvement Project and juvenile courts to enable closer monitoring of children's progress through the courts. VDSS has produced a report for each court for almost three years, which has facilitated communications regarding time lines and timely court processing at the local level. Production of these reports will be unnecessary once the Court Automated Information System (CAIS), which is currently in development, becomes linked with OASIS for seamless data sharing between courts and LDSS.

VDSS utilizes data from OASIS for planning, program and policy decisions, and quality assurance. OASIS provides a wealth of information for management decisions and program assessments. Monitoring and assessment of certain elements of practice, such as worker contacts with children, can be done using data from OASIS. OASIS reports allow selection of targeted or random case samples for reviews or other analyses for quality assurance.

OASIS development has focused on the needs of local users and meeting local business practices, as well as capturing key data for quality assurance. System enhancements are issued about every six months. Prior to issuance of a new release, pilot testing in several LDSS is conducted for a month. The application continues to be a "work in progress" to meet the changing needs of child welfare.

OASIS is progressing to become a complete SACWIS (Statewide Automated Child Welfare Information System). The system currently reflects Virginia policy and local business practices for foster care, adoption, and CPS intake and investigation. The CPS on-going services component is currently under development and expected to be implemented in the last quarter of 2003. Family preservation and support, Title IV-E eligibility determination, interfaces with child support and benefit programs, and the financial component are in planning stages.

Virginia's development of the OASIS system has progressed incrementally since transferring the Oklahoma KIDS system to Virginia in late 1997. Historically, VDSS made only minimal changes before implementing OASIS statewide for foster care and adoption in early 1998. Initially, the focus of the system was to collect required AFCARS data for submission. The CPS intake and investigation component was subsequently implemented in July 1999. VDSS has focused on changes needed to reflect Virginia policy and business practices in the three program areas. Due to limited resources and implementation issues, initial progress was slow. Data accuracy and currency have improved significantly since implementation as managers, supervisors, and workers have embraced the benefits of the system.

The Steering Committee for OASIS, formed in October 1999 and comprised of local directors, supervisors, and workers, as well as state staff, continues to guide OASIS system development. The focus has been to reflect the needs of local social workers and supervisors. Under the direction of the Steering Committee, Expert Panels of program users have worked closely with state staff since December 1999. As the Expert Panel's work on making the system reflect local business practices nears completion, the focus is turning to implementation of additional SACWIS requirements.

OASIS has over 1.7 million associated clients and over 2,500 authorized users. Client groups are:

- 99,000 active clients with CPS referrals/investigations/ family assessments and foster care and adoption cases and 311,000 clients converted from the legacy Child Abuse/Neglect Information System (CANIS)
- 45,000 resource clients
- 3,800 active and inactive staff records
- 747,500 associated clients in LogCANIS, a state office sub-system used to track employment and other searches for child abuse/neglect records in OASIS
- 254,500 associated interstate and adoption clients in another subsystem used by state staff, the Adoption Research and Reporting Information System (ARRIS)

OASIS is utilized by 1,649 social workers, 401 local administrators and supervisors, 342 support/other staff, and 136 state office staff.

All users have direct access to the OASIS Information Center regarding problems, questions or suggestions, as well as on-line access to send written problems or suggestions. Users are also encouraged to provide their on-going input through regional meetings, training sessions, surveys and questionnaires. In addition, field and program staff members have been involved in the design of OASIS through Expert Panels of users, whose members formulate and prioritize change requests.

OASIS training activities are continuous in order to improve worker, supervisor, and management's knowledge of system usage, capability, and most recent enhancements. Training for new workers in CPS, foster care, and adoption has become integrated with policy training. Refresher training is offered on an on-going basis. One training curriculum is directed toward local directors and other managers to provide them with a better understanding of available reports and tools for their use. OASIS trainers also provide training and technical assistance on-site at each LDSS on request. Through these visits, trainers provide specialized assistance and work directly with workers and supervisors to help them incorporate OASIS into their daily business practices.

Improving the quality of the data collected, and encouraging timeliness and completeness of data entry continue to be a major focus. As directors and supervisors have become increasingly aware of their ability to obtain and use OASIS data for trend analysis, aggregate reporting, and case management, line workers are encouraged to use the system more fully. As a result of the improved training and increased management oversight, data integrity has improved. Recent efforts that allow LDSS to compare their performance in OASIS with other agencies have been successful, and will be continued. When the financial component of OASIS is developed and implemented, there will be even greater reasons for local users to maintain up-to-date information in OASIS to ensure accurate financial payments.

A major challenge affecting CPS data integrity has been the "merge" function in OASIS, but a periodic automated "merge" process is being instituted to help correct this problem. Individuals involved in CPS referrals have been entered into the system as new clients and then must be "merged" with previously existing client records in other referrals or cases. Since this is not always done promptly or correctly, it has led to difficulties in validating some data. Discussions are underway to develop new on-line

procedures to assist users in identifying clients who should be merged and to encourage them to complete the process in the system.

Most local workers and supervisors are enthusiastic about the capability and potential of OASIS, while some others continue to resist automation efforts. In 1998, Virginia implemented Oklahoma KIDS without making changes to reflect Virginia's locally administered system, policies, laws or business practices. Initial implementation met with some resistance. Like many other states, workers were reluctant to devote limited time to what they perceived to be data entry efforts that reduced the time available to work with families and children. Although the system now fully supports foster care and adoption programs, aside from planned incorporation of purchased services and Title IV-E eligibility and payments, there are still some who are not fully utilizing the functional capacity of OASIS. The CPS Intake and Investigation portion of the system was implemented 18 months after foster care and adoption. Limited resources and the lengthy development process have created the perception that worker needs are being overshadowed by fulfillment of state and federal requirements.

Virginia is passing all AFCARS submissions within federal allowable error thresholds. Virginia has made AFCARS automated submissions from OASIS for foster care and adoption since the first required submission for federal fiscal year 1998. All adoption submissions have "passed," with data of acceptable quality and error rates of less than 10 percent. All foster care submissions have "passed" with data error rates of less than 10 percent for the 66 discrete data elements. However, until recently, there has routinely been above a 10 percent timeliness error rate because the exits of children from foster care have not been entered into the system within 60 days as required. OASIS previously allowed the worker to close the foster care case without providing a proper AFCARS discharge reason, but system improvements have corrected this problem. In addition, the state now distributes exit timeliness error reports (by locality, client and worker) after each AFCARS submission. A locality-specific summary creates an incentive for LDSS to improve their performance. It also allows the OASIS trainers to target LDSS that may need special assistance. An on-line "AFCARS Compliance" report allows supervisors to monitor timeliness of exits on an on-going basis. This timeliness error rate has been steadily improving and Virginia passed the timeliness factor in the submission for the April to September 2002 period and will pass for the October 2002 to March 2003 period. This success clearly reflects an increase in workers' buy-in and use of the system, as well as the ability of the system to produce credible data.

OASIS utilizes a "client/server" architecture, with a "thick client" application on the desktop. Distribution of new versions is accomplished through CDs to LDSS, as well as making the version available for downloading from the VDSS intranet site. The system uses a Sun E10000 database server running the Solaris operating system on the back end. Virginia utilizes an Asynchronous Transfer Mode (ATM) network from the database server to LDSS or city/county local area networks. The database is Oracle 8i, and the Development Suite is PowerBuilder 8.0. An object-oriented design is used, with more than 11,000 application and database objects. OASIS has approximately 400 tables and approximately 9,000 data elements. The standard configuration of desktop computers is: Pentium IV - 1.6 GHz processors, 20 gigabyte hard drives, 256 kilobyte memory, 17 inch monitors, Microsoft Windows 2000 Operating System, Microsoft Office XP.

OASIS data is backed up for emergencies and disasters. Data is automatically saved to the database when the user clicks the "Add" button within the OASIS application. Back-ups

of OASIS data are made daily. Weekly and monthly back-up tapes are made and stored at the Virginia Department of Information Technology (DIT). Each December, a tape of the entire system is produced and retained for three years. The DIT tapes are sent off-site to a secure storage facility. The OASIS system is part of VDSS' approved Disaster Recovery Plan and staff participates in annual Disaster Recovery testing activities, including testing with a "hot site" in Pennsylvania.

Summary

Virginia recognizes OASIS as a systemic strength.

- The capacity of the system to provide real time information to workers and managers across the state is an important tool in service delivery and case management.
- OASIS can accurately determine the status, demographics, location, goals, and other key information for all children involved in the foster care system statewide.
- OASIS is proving itself to be a flexible and responsive source of management information with increased accessibility to the data and improved quality of the data.
- Information on children in foster care has been and continues to be shared with juvenile courts, resulting in improved communications and timely hearings. The future interface between OASIS and the Supreme Court's information system will further improve timely reviews and hearings for Virginia's foster care children.
- OASIS is a valuable component of on-going quality assurance as VDSS and local management monitor outcomes and services for children and families.
- Since statewide implementation, Virginia has worked diligently to improve the application through regular releases of enhancements.
- Virginia's Child Welfare Outcome Reports Utility can provide multiple reports and data files for analysis and comparison of compliance with federal outcome measures by LDSS, region, and statewide.
- OASIS information is accessible to state managers and local staff in all 121 LDSS; all authorized users have "read only" access in order to track children and families across the state.
- All users have direct access to the OASIS Information Center regarding problems, questions, and/or suggestions, in addition to on-line access to send written problems or suggestions.
- LDSS users serve on expert panels to ensure system improvements reflect local business practices and priorities for system enhancements. LDSS representatives are key members of the steering committee for OASIS.
- Virginia is passing all AFCARS submissions within federal allowable error thresholds.

Although the system provides a wealth of information on outcomes for children and families, further improvement is needed.

- Although OASIS fully supports the foster care program, adoption program, and a portion of the CPS program, development is still underway. While OASIS is in compliance with Virginia's submitted Advanced Planning Document (APD), there are

still components for a Statewide Automated Child Welfare Information System (SACWIS) yet to be developed and implemented. VDSS is researching options for each of the remaining areas.

  - OASIS has not yet implemented a financial component, Title IV-E eligibility or payments, or interfaces with other systems.
  - OASIS is not yet fully used for CPS on-going services cases.
  - Family preservation/support is not yet completed.

- Difficulties in merging clients from new CPS referrals with previously existing client records have created challenges in ensuring CPS data integrity. This challenge has necessitated analysis of data outside the system in determining child abuse/neglect recurrence.
- Developments of enhancements for OASIS are lengthy, which in turn has created challenges for LDSS workers and supervisors.
- Attitudes among LDSS administrators, supervisors, and workers are still mixed in terms of OASIS. Many have embraced the system and utilize it fully while others remember the initial struggles with the system and are hesitant to rely on OASIS.

Strategies for improvement include:

- Continue implementation of already identified priority enhancements, including full implementation of CPS on-going cases.
- Encourage LDSS that have not yet received or continue to need an agency support visit to request this customized assistance.
- Study other SACWIS systems, such as those with Title IV-E eligibility and payment components, to assess and make improvements for OASIS.
- Establish an interface between OASIS and the Court Automated Information System (CAIS) of the Office of the Executive Secretary, Supreme Court of Virginia. This interface will permit greater local flexibility in data monitoring and accountability with the courts; permit the direct, accurate and timely entry of critical information about a child's case from the courts into OASIS; and, ultimately, will facilitate the electronic initiation of cases in the courts by local agencies.

Case Review System

Overview

Virginia's statutes and foster care policies promote safe, permanent and timely outcomes for children and their families. Revisions to state law, foster care policy, and court processes since the mid-1990s resulted in an improved case review system that enhances Virginia's ability to meet permanency outcomes for all children in care. The statutory framework for Virginia's case review system and foster care policies that provide practical guidance to local departments of social services (LDSS) fulfill federal requirements.

In Virginia, a child may be placed in foster care through:

- Court commitment;
- Voluntarily by the parent or guardian through entrustment; or
- Placement agreement where legal custody remains with the parent or guardian.

Despite differences in how children enter the child welfare system, the stages of a foster care case in Virginia are consistent and predictable. These stages are marked in statute by specified timelines and requirements for case planning and court hearings from entry into foster care to placement, without unnecessary delay, in a safe and permanent home.

1. ***Written Case Plan.*** *How effectively is the State able to meet the requirement that each child in foster care under the State's placement and care responsibility have a written case plan with all the required elements?*

Virginia meets the federal requirement for a written service plan on all children in foster care. Within 60 days of entering foster care, the LDSS must complete a service plan on the child and family. Only in cases where a child is in foster care for less than 60 days is a complete service plan not required. The service plan must be designed to support and document reasonable efforts by LDSS that lead to a child's safe return home or placement in another permanent setting, in the shortest practicable time. The child's health and safety are the paramount concern of the juvenile court and LDSS, and are addressed in the needs assessment, service planning, placement, service provision and service review processes.

The Virginia Department of Social Services (VDSS) foster care policy directs workers to base the service plan on an assessment of the child and family's needs and conditions that must be successfully addressed in order to return the child home safely. Needs assessment tools that are used range from formalized instrumentation that assess particular areas of need (e.g., the Child & Adolescent Functional Assessment Scale [CAFAS™], psychological or neurological evaluation, and substance abuse screening) to less formal forms such as interviews with children, their families and other collateral contacts (e.g., therapists and teachers). Local needs assessment practices range from very individualized assessments based upon the presenting problems and family and child history to a more standardized approach.

LDSS have developed creative and collaborative approaches to needs assessments. In one locality, the Licensed Clinical Social Worker researched and developed a "Family History Form" to use in all family assessments. The form considers socioeconomic and cultural issues of relevance to the LDSS' particular area of Virginia. Another locality conducts its needs assessment in conjunction with the juvenile court, including perceptions

of needs of the judge, guardian ad litem (GAL) and Court Appointed Special Advocate (CASA) in the final assessment document. A third locality uses all "strengths-based" needs assessment tools in order to focus on family strengths and promote the inclusion of the family in service provision.

Results of a review of a statewide sample of foster care cases indicated that all children had needs assessments completed before planning services. Almost 90 percent of parents and 99 percent of foster parents were also assessed in applicable cases. All of these 115 cases were open in foster care at least 14 months. See Table 1 for more specific results.

Table 1: **Needs Assessment Completed in Sample Foster Care Cases**	**Child**	**Parents**	**Foster Parents**
Completed needs assessment	113	55	100
No needs assessment	0	6	1
Not applicable	2	54	14
Percent with completed needs assessment	100%	89.1%	99.0%

Foster care/adoption supervisors substantiated the information obtained from the foster care case sample. Supervisory staff identified additional needs assessment methods, including reviews of previous case documentation (i.e., CPS risk assessment, mental health assessments and prior treatment records, medical and educational reports, and court reports) as well as use of evidence-based assessment tools such as the Parenting Stress Index (PSI) and the CAFAS$_{TM}$. More than 75 percent of the supervisory staff report that workers document the needs assessment in OASIS.

All but one of the 116 foster care cases reviewed had a current service plan in the case file. The single case that did not have a plan had been open less than 60 days.

The *Code of Virginia (Code)* outlines the substantive elements that must be included in the foster care service plan. Section 16.1-281 B of the *Code* specifies the plan includes:

- Program, care, services and other support that will be offered to the child and his parents and other prior custodians;
- Participation and conduct that will be sought from the child's parents and other prior custodians;
- Visitation and other contacts that will be permitted between the child and his parents and/or other prior custodians;
- Nature of the placement or placements that will be provided for the child; and
- Programs and services that will help the older youth prepare for the transition from foster care to independent living.

VDSS foster care policy specifies content requirements for service planning. Foster care policy directs workers to develop service plans that expand on the *Code* elements of service plans including, at a minimum, the following components:

- Reasons the child came into care and why placement is needed.

- Services offered to prevent removal of the child from the home.
- Child's situation at the time of placement in relation to the child's family. Information regarding the child's health and educational status must also be included.
- Nature of the placement or placements that will be provided to the child, including a description of the type of home or facility in which the child is to be placed.
- Discussion of the appropriateness of the placement, including efforts made to place the child in the least restrictive, most family-like setting available that can meet any special needs of the child, and the efforts made to place the child in close proximity to the parent's home.
- Discussion of how any court orders regarding this child were carried out.
- Needs of all involved parties in the case, which must be met to achieve the goal for the child, including a plan for visitation. Needs should be identified for the child, the birth parents/prior custodians, and foster parents.
- Needs should include a plan for visitation between the child and parents/prior custodians. If siblings are separated, a plan for visitation with siblings should also be included.
- Permanency goal selected for the child and family, including the rationale as to why this goal is selected.
- If a concurrent permanency plan is developed, the service plan should identify the alternate goal selected for the child and the needs and services related to achieving the alternate goal.
- Program care, services, and support that will be offered, and a discussion of how these services will meet the specific needs of the child, parents/prior custodian, and foster parents.
- Target dates for completion of the services provided.
- Responsibilities, including conduct and support, which will be sought from the parents or prior custodians, with target dates for completion.
- Responsibilities assigned to the child, the foster parents, adoptive parents, or foster care provider with target dates for completion.
- Projected date for goal achievement.
- Indication of whether the child, parents or prior custodians, or foster parents were involved in the planning process.
- If the child cannot be returned to the parent/prior custodians, the plan must also include the following, as appropriate:
    - Reasons the child cannot return home;
    - Opportunities for placement with relatives with the intent to transfer custody to them;
    - Plan to lead to termination of parental rights within the time frames specified in the service plan with goal of adoption;
    - Why each goal of a higher priority cannot be achieved; and
    - Explanation of why, where appropriate, Permanent Foster Care, Independent Living, another Planned Permanent Living Arrangement or Continued Foster Care is the plan for the child.

Most judges review the entire service plan document in juvenile court and require that all elements of the plan are addressed, according to LDSS supervisors. The review by the juvenile court provides an additional level of oversight for LDSS staff to ensure they

have addressed all relevant areas in designing a service plan. Judges reported that most service plans are well-written and individualized to reflect the needs of the child and family. Foster care/adoption supervisors reported that individualized service plans are as an area they focus on in supervision of workers.

Foster care policy directs the worker to continually evaluate the family to assess the child's safety and well-being, and to consider specific indicators of progress toward reunification. This additional guidance to the worker is intended to ensure the most comprehensive and efficient service planning possible.

Workers are encouraged to engage in concurrent permanency planning to facilitate timely movement toward permanency. Foster care policy has addressed concurrent planning since the Adoptions and Safe Families Act was implemented. Fairfax Division of Family Services implemented a concurrent permanency planning model in 2001 and developed a curriculum for use throughout the state. The Virginia Institute for Social Service Training Activities (VISSTA) at the Virginia Commonwealth University is now using this curriculum in its "Concurrent Permanency Planning" course for child welfare workers. Five other localities are in varying stages of implementing this concurrent planning model.

Foster care policy requires a new service plan be completed and submitted to the juvenile court for approval when there is a change in goal, for the Permanency Planning Hearing, and when a child is returned from commitment to the Department of Juvenile Justice. These subsequent reviews of the service plan must address, among other things:

- Services which were offered to the child and family to meet the needs identified.
- Appropriateness of services, and the barriers to goal achievement, including:
  - Identification of resources needed by the family that are not available in the community; and
  - Discussion of the effectiveness of the services provided.
- Any changes in the service plan.
- Reasons for retaining the child in care.
- Birth family's or prior custodian's current situation.
- Frequency, duration, location and results of any visitation.
- Information about the child's relationship with the birth family, including relatives.
- Child's situation at the time of placement in relation to the child's family. Information regarding the child's health and educational status must also be included.
- Pertinent information about birth, medical and developmental history of the child.
- Information on current health and physical development and recommendations for any necessary follow-up treatment.
- Current information on psychological, social and educational functioning.
- Information from the foster parents or other providers about the child's adjustment to foster care and the child's current level of social and emotional functioning.
- Any changes in identified needs and services to be provided during the next six months.
- Statement that parents with residual parental rights or prior custodians have been notified in writing of any change in placement, visitation privileges, and provided 10 days advance notice of the panel review.

Virginia is increasing efforts to involve older youth in care in service planning and self-advocacy. Foster care policy requires a Transitional Living Plan for all youth, age 16 or older. Transitional Living Plans are completed in addition to the service plan and must describe the specific services that will be provided to assist youth in preparing for independence.

Over 80 percent of older youth reported they understand their service plan and have been involved in its development. This finding came from 186 older youth who responded to a recent survey. It is consistent with the intent of the Chafee Foster Care Independence Act. This finding appears to be a reversal of earlier findings of Court Improvement Project (CIP) interviews in 2001, which indicated youth involvement in service planning and transitional living plan development had been sporadic. The State Independent Living Coordinator, through the Virginia Youth Advisory Council (VA-YAC), is enhancing youth involvement in service and transitional living plan development. In April 2003, a statewide meeting of VDSS staff, LDSS Independent Living Coordinators, and older youth addressed how foster care policy and practice could be changed to more effectively support youth's role in their own planning processes. This meeting provided VA-YAC an opportunity to be directly involved in shaping policy regarding youth involvement in the service plan process.

The *Code* requires that reviews of service plans occur in periodic juvenile court or administrative hearings. Statutory requirements govern the timing of, and procedures for, filing and reviewing foster care plans in juvenile court for all children in foster care, regardless of the reason for placement. One exception is children who are permanently entrusted to a child-placing agency for purposes of adoption where the entrustment agreement provides for termination of residual parental rights. In this case, the agency may, but is not required to, file for juvenile court approval. However, in all other cases involving placement of a child in foster care, a foster care service plan must be developed and a hearing held on the child's plan in the juvenile court.

All service plan documents require supervisory sign-off before submission to the juvenile court. Foster care policy requires that needs assessments, service plans, and service plan review documents be reviewed and signed off by the foster care supervisor to ensure all required elements have been appropriately addressed. Representatives of foster care/adoption supervisors interviewed report they review the service plans for:

- Completeness;
- Appropriateness of the relationship between needs, services, and goals;
- Appropriateness of the selected permanency goal and timeframes for completion;
- Adequacy of documentation of reasonable efforts;
- Inclusion of all required parties in designing the plan;
- Specificity of behaviors desired; and
- Ability to measure specified outcomes.

Child welfare workers have options for service planning documentation to increase the timeliness and effectiveness of service planning. *Code of Virginia* and foster care policy allow workers to use the Comprehensive Services Act (CSA) "Individual Family Service Plan" (IFSP) as long as it covers all *Code* and foster care policy required elements

of the service plan (§16.2-281 A). CSA provides funding for services for foster care and other children and their families in each locality throughout the state. The *Code* requires the CSA's Family Assessment and Planning Team (FAPT) or other multidisciplinary team to complete a service plan for children and families referred for services. FAPT employs a competency based, child-centered, family focused assessment model in order to develop the IFSP. The IFSP focuses on treatment provision in the least restrictive and most cost-effective setting possible. In many localities, the IFSP and LDSS service plans are similar and address the *Code* specified elements of service planning. Foster care/adoption supervisors interviewed identified various benefits to the alternative approaches to service planning including:

- Ability to use one document for multiple purposes;
- Case planning by multiple service agencies but documented in one format;
- FAPT's role in identifying service providers takes the full burden of service planning and provision off the LDSS and encourages interagency collaboration; and
- Increased communication and case planning between FAPT and LDSS.

Foster care/adoption supervisors identified areas where increased coordination between the LDSS service plan and the CSA's IFSP would enhance service planning, including:

- IFSP format varies from locality to locality, making inter-jurisdictional planning difficult;
- Accessing services is stalled due to differing opinions regarding the intensity of services needed; and
- CSA and LDSS require different details and information in their respective service plans, thus affecting each other's willingness to accept the plan written by the other program.

Guardians ad litem (GAL) monitor the availability and appropriateness of service plans. The appointment of a GAL is mandated in juvenile court cases involving child abuse and neglect, an entrustment agreement, termination of parental rights, relief of custody, and emancipation (§16.1-266). A GAL is an attorney appointed by the juvenile court to represent the best interests of a child and must advise the juvenile court on case planning and progress. To carry out these duties, the GAL is responsible to monitor service planning, including:

- Ensuring that service plans are responsive to the identified needs of the child and family; and
- Appearing at court hearings and reviews, LDSS administrative panel review hearings, and FAPT meetings behalf of the child.

To improve the quality of practice by attorneys who serve as GALs in abuse and neglect cases, Court Improvement Project (CIP) staff has worked with the Virginia Bar Association on proposed standards of performance to assure vigorous, effective, and competent representation for all children. The Judicial Council of Virginia adopted these standards, entitled *Standards to Govern the Performance of Guardians Ad Litem in Child Protection Proceedings*, in October 2002. The CIP anticipates that the necessary changes to the GAL program administration by the Office of the Executive Secretary and the courts to implement the performance standards will be in place during the summer of 2003.

Virginia's On-line Automated Services Information System (OASIS) includes needs assessment, service plan, and service plan review data screens that encourage compliance with the statutory and policy requirements of service planning. Service plan documents are available in OASIS and include all necessary elements required in federal regulations, *Code*, and foster care policy. A standardized statewide format for recording needs assessments is available. OASIS allows data elements such as demographics, social history information, and needs assessment information to populate from one screen to others, which results in more efficient use of worker's time and increased use of the OASIS service planning screens. Proper completion of the service plan document in OASIS requires that all elements of service planning, as directed by *Code* and foster care policy, are addressed. Subsequent versions of OASIS will allow workers to enter concurrent permanency goals and will provide additional space on the service plan screen for workers to record more detailed narrative case information.

OASIS is Virginia's official system of record for foster care cases. Foster care workers have access to other worker's files, including service plan screens in those cases where two or more workers have responsibility for different children in the same family case. Such access increases case coordination, reduces redundant service provision and documentation, and increases worker and supervisor ability to cross-reference case identification data and case information.

2. ***Parental Participation in Case Plan.*** *How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan? In responding, consider their participation in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.*

The *Code* requires that the LDSS responsible for the care of the child consult with the child's parents or other persons standing *in loco parentis* when the child is removed from home. *Code* also requires that diligent efforts be made to locate absent parents (§16.1-281 A). The CSA requirement for parental involvement mirrors the *Code* requirements for LDSS to include families in their service planning process. Specifically, the *Code* requires FAPT to provide for family participation in all aspects of assessment, service planning and service delivery (§2.2-5208). FAPTs are instructed to consider the strengths, as well as the needs, of children and families when assessing needs for services. As participants in the FAPT process, parents and other invited caregivers or concerned individuals assist in the identification of strengths and needs.

The *Code* (§§16.1-281 and 282) and foster care policy require the "team approach" in case management activities, and emphasize the role of the parent as an equal team member in a collaborative process of service planning. The *Code* and foster care policy identify parents as members of the team responsible for permanency planning for the child. Foster care policy specifies the role and responsibilities of each team member in achieving the permanency goal, thus delineating the shared and equal effort required of everyone involved in the process. Foster care/adoption supervisors report that one of the roles they routinely ask parents to assume is that of helping to identify other individuals whom they believe would be integral to helping the family achieve the permanency goal. These individuals are invited to be part of the team.

In the sample foster care cases reviewed, service workers considered child and family input in service planning most of the time. As Table 2 illustrates, mothers were involved more than fathers. Parental involvement in service planning is identified as a factor in deciding on the goal for the child. Workers share information about setting the goal with the parent and seek their cooperation. Parents are asked to write down those things they feel are important for others to know in understanding their family and such documents may be attached to, or incorporated in, the service plan document for submission to the juvenile court.

Table 2: **Family Involvement in Service Planning**	Mother Involved in Service Planning	Father Involved in Service Planning	Child and Family Input Considered in Service Planning
Yes	55	32	103
No	17	24	5
Percentage with "Yes" response	76.4%	57.1%	95.4%

Levels of participation of parents and children in service plan development vary across the state. Judicial focus group members report that parents are inconsistently involved in the service planning process. Service plan documents require the participants' signatures but the parent's signature is not always included when the documents are submitted to juvenile court. Foster care/adoption supervisors state parents are typically invited to participate in the service planning process but some parents choose not to be involved. Reasons cited as to why some parents are not involved in service planning include:

- Parents are contacted and asked to participate but do not respond.
- Parents are in an adversarial relationship with social services, CSA and/or the juvenile court and refuse to participate.
- LDSS was unable to locate the parent.
- Parent was incarcerated.
- Parents or older youth agree to participate just to "get the social worker off their back" and then do not follow through.

Some local workers lack adequate time to fully pursue parents for involvement in the service plan. Workers are challenged to put into practice the variety of client engagement interventions needed to connect all parents and other involved parties in service plan development. Many parents are resistant to participate in activities with social service staff. Foster care/adoption supervisors note that with more time to spend in family engagement activities, it might be possible to engage resistant parents and other caregivers. Lack of transportation, distances and time are also barriers to gaining parental involvement in services planning in some localities. Foster care/adoption supervisory staff also identified worker turnover and high caseloads as another reason workers do not have adequate time for collaborative service development. Supervisors assist workers in developing alternative strategies for engaging clients such as allowing flexible work hours that support worker visits to families on weekends or evenings.

Workers overcome problems in gaining parental involvement in service planning through varied and innovative methods of engaging the family. Workers report face-to-face contact with parents and other custodians at their place of residence in order to solicit their input for service planning as the most significant way to gain parental involvement. Workers often have informal meetings with parents to discuss the parent's perceptions of needs (the child's and their own) and services desired or planned. Workers will also write the service plan ahead of time and discuss it with family members over the phone or prior to juvenile court hearings when prior contact with the family is not feasible. Workers' efforts to collaboratively develop service plans include:

- Providing incentives to the parent to attend meetings (e.g., bus tokens, child care, and additional visits with the children after the meeting).
- Arranging phone conferences to discuss needs and services.
- Providing transportation for the parent to come to the office for a service planning meeting that is a requisite to additional visitation with the child.
- Meeting with parents after a juvenile court hearing to discuss service planning.
- Engaging the parent through assigning her/him a primary role in implementing service delivery (e.g., parent transports the child to therapy or accompanies the child to tutoring).

Guardians ad litem (GAL) work with LDSS to identify and involve parents in service planning. GALs are authorized to be involved in service planning and may file petitions or motions requesting the juvenile court to require involvement of specified parties in service planning, including the parent, non-custodial parent and other interested parties. Both responsibilities place the GAL in a position to encourage and facilitate involvement of parents in addition to the efforts of LDSS workers.

3. ***Periodic Review of Child's Status.*** *Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every six months, by a court or by administrative review.*

Virginia's requirements for reviewing the status of children in foster care meet the federal standard that each child in foster care be reviewed at least every six months. The juvenile court holds the first hearing to approve the child's service plan within 75 days of placement. One exception exists for a temporary voluntary entrustment if the child does not return home within 90 days. In these entrustments, the LDSS must petition the juvenile court for a hearing to approve the service plan and entrustment by the 89th day after placement (§16.1-277.01). This hearing on the initial foster care plan is the first review in Virginia's case review system (§16.1-281). The timing of this hearing is supportive of practices that promote the timely provision of services to the child and family.

Virginia's juvenile court hearing time lines comply with federal requirements. The federal statutory requirement that the child is considered to have entered foster care the earlier of (1) the judicial finding of abuse or neglect or (2) 60 days after the child is removed implies that a juvenile court hearing or administrative review needs to occur within six months from the 60th day of removal. The 75-day hearing fulfills this federal requirement as it occurs 15 days after the 60-day period. A foster care review hearing occurs six months from the 75-day hearing and the permanency planning hearing is five months later.

Virginia's laws with regard to the processing of child abuse and neglect cases - so that children are safe, families receive services necessary to foster reunification, and LDSS move forward with permanent goals for children in their care - clearly delineate time frames by which crucial events and hearings must occur within juvenile courts. The law specifies that an emergency removal hearing be held within 72 hours of a child's removal from her/his caretaker, and that a preliminary removal hearing be held no later than five business days of that removal. However, an emergency removal order is not necessary if a preliminary removal order is issued after a hearing held within 72 hours of the removal of the child from home. An adjudicatory hearing may be held at the time of the preliminary removal hearing. If it is not, a hearing to adjudicate the allegations in the pleading must be held within 30 days of the preliminary removal hearing. The final dispositional hearing on the abuse or neglect petition must be held within 75 days of the preliminary removal hearing.

Within six months of the 75-day hearing, the juvenile court holds a foster care review hearing to review the service plan and progress towards permanency. This hearing has the elements required to achieve a permanent plan for a child at the discretion of the juvenile court. Consistent with federal requirements, if the child is 16 or older, the services and programs needed to assist the child to transition to independent living must be documented (§16.1-282).

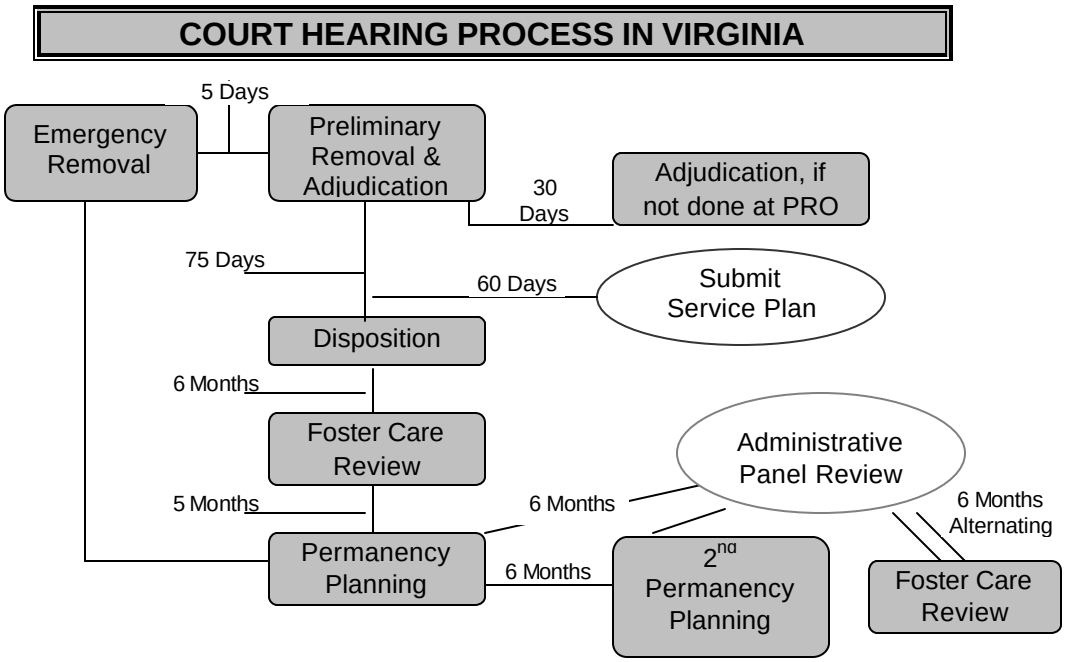
Within five months of the foster care review hearing, the juvenile court holds a permanency planning hearing (§§16.1-281, 282 and 282.1). The purpose of the permanency planning hearings is either to achieve the permanent goal or to defer such action through the approval of an interim plan for the child. A second permanency planning hearing is held within six months for children remaining in the legal custody of a LDSS if an interim plan is approved.

The juvenile court must hold annual hearings for any child who remains in the legal custody of a LDSS after the initial permanency hearings. This includes a child:

- On whose behalf a petition to terminate parental rights has been granted, filed or ordered to be filed;
- Who is placed in permanent foster care; and
- Who is receiving services to achieve independent living status.

A diagram of the hearing process is shown in Figure 1, "Court Hearing Process in Virginia."

Figure 1



After termination of parental rights, an Adoption Progress Report must be filed with the juvenile court every six months until the child is adopted. This progress report updates the juvenile court on reasonable efforts being made to achieve the permanency of adoption until the final order of adoption is entered. The juvenile court or the GAL may request a hearing on the six-month progress report. Annual hearings for children awaiting adoption are required until the final order of adoption has been entered and include a review of the Adoption Progress Report.

Virginia juvenile courts hold semi-annual foster care reviews for children whose permanency goal is Another Planned Permanent Living Arrangement (APPLA). Children with severe and chronic emotional, physical or neurological disabling condition requiring long-term residential treatment may have a permanency goal of APPLA approved by the juvenile court. The Virginia juvenile courts monitor these particular cases through semi-annual foster care review hearings in order to ensure that continuing the APPLA goal is appropriate.

Virginia requires Administrative Panel Reviews (APR) for children who remain in foster care placement. The LDSS holds an APR in addition to juvenile court reviews for children who have a goal of adoption, permanent foster care, or independent living. APRs are held within six months of the permanency planning hearing and subsequent APRs are held yearly thereafter, alternating with annual juvenile court reviews as appropriate. Participants in an APR may include court service workers, private citizens, staff of other services agencies, multi-discipline team members, other agency workers, FAPT team members or placement providers not involved in the case being reviewed. A FAPT team case staffing may be used for an APR as long as all requirements are met.

LDSS holds Supervisory Reviews every six months for foster care youth, age 18 and over, who remain in care of the LDSS. The purpose is to ensure appropriateness of the youth's placement and service plan**.** Juvenile court hearings are not required for these young adults, although a number of courts continue to hold hearings while the young adult is receiving foster care services.

State foster care policy supports *Code* requirements regarding the timing of and purpose for all juvenile court hearings and administrative reviews. Policy clarifications and/or requirements guide workers through the process of hearings and reviews by:

- Providing guidance on what documents to submit to the juvenile court and in what timeframe to ensure compliance with timely periodic reviews;
- Defining the role, purpose, and protocols for legislatively mandated APRs; and
- Defining the role, purpose and protocols for Supervisory Reviews of individuals in care, age 18 and older.

Virginia's Court Improvement Program (CIP) promotes the juvenile court's ability to comply with the requirements related to the timing and purpose of court hearings. The CIP's objective is to advance the expedited placement of children into safe, permanent homes and promote children's well-being while in foster care. Concrete initiatives to advance CIP's objective include recommending and establishing legislation for compliance with federal law and regulations (ASFA and Title IV-E), and providing training and tools necessary to implement state laws, procedures and best practices.

CIP provides tools to juvenile courts, agencies and other stakeholders, including a series of district court forms for use in child welfare cases, which track applicable statutes. The court forms, which are available in OASIS, support practice by prompting documentation of juvenile court findings and orders. They also support the juvenile court's practice of ensuring parties in child dependency cases receive notice of all scheduled hearings. An example is prompting judges to provide notice of the scheduled date of the next hearing to parties present at juvenile court hearings, and incorporating next hearing dates into juvenile court orders. CIP staff reinforce appropriate use of these court forms through wide-ranging training efforts and individualized technical assistance to court personnel and other stakeholders. The Virginia District Court Manual is amended annually to provide uniform, specific procedures to govern and guide the processing and disposition of child dependency matters in juvenile courts.

CIP and VDSS collaborate on sharing data reports to enhance compliance with timely and appropriate juvenile court hearings. VDSS provides the "Active Foster Care Children" report from OASIS to the CIP staff and juvenile court judges, who review it with their court staff and LDSS for accuracy and to ensure that each child's case is scheduled for the next appropriate juvenile court action. Feedback from judges indicates that the lists are very helpful to monitor children's cases in many jurisdictions. This semi-annual sharing of detailed, locality and child-specific data is an interim approach until the juvenile court system's information system is linked to OASIS.

OASIS data indicate 90 percent of Virginia's children in foster care have timely juvenile court hearings and APRs. Timely and periodic juvenile court hearings and APRs for 6,586 children in care for a minimum of six months between May 2001 and March 2002 show significant compliance with federal and state requirements for these reviews. See Table 3 for data by region.

Table 3: **Timely Court Hearings**	Western Region	Eastern Region	Northern Region	Piedmont Region	Central Region	Statewide
Total # of cases	617	1899	1909	973	1178	6586
# cases with hearing entered*	545	1785	1686	904	1016	5936
% cases with hearing entered*	83%	94%	88%	93%	86%	90%

* Hearing or administrative panel review within required timeframes entered into OASIS

The sample of foster care cases reviewed indicated 90 percent of cases had timely juvenile court and administrative hearings, substantiating the OASIS data. Of 115 cases sampled, 90 percent held a required hearing or administrative review within the previous six months. Seven cases with no juvenile court hearing or administrative panel review within required timeframes have permanent foster care as the permanency goal. Until July 1, 2002, judicial reviews of these cases were not required. Therefore, permanent foster care cases in this sample were in compliance with existing state law requirements for judicial review. Five cases with a goal of adoption (four percent of the total cases reviewed) showed no juvenile court hearing or administrative review documented in the required time frame.

Juvenile court hearing continuances can cause some cases to not be heard within time frames. Continuances may occur because of attorney requested delays on behalf of the family or due to schedule conflicts. In some localities, long wait times for a hearing to be held may cause a parent who cannot wait to request a continuance. With full dockets and various attorneys' schedules, rescheduling a hearing can be a challenge. Staff turnover at LDSS may also impact timeliness of hearings.

A CIP study on *Safety and Permanency for Dependent Children Before the Courts of the Commonwealth - Court Improvement Activities 1997-2000* – supported that Virginia has made significant progress in meeting the statutory time frames which became effective in Virginia law on July 1, 1997. The case review findings and stakeholder focus groups reflected a dramatic turnaround in practice, especially when compared with pre-July 1, 1997 time frames. It found that hearings occur substantially on time for each major stage of the case.

CIP survey data indicate Virginia juvenile courts review foster care cases within federally mandated timeframes. Evidence obtained from a CIP survey in 2001 about the scheduling of required hearings suggested that stakeholder groups are sensitized to and perceive juvenile courts to be operating within Adoption and Safe Families Act (ASFA) timeframes for court reviews. Survey respondents also opined that continuances tend to be avoided in child dependency cases. These views are supported by data collected from juvenile court files, which indicate that courts moved swiftly and decisively after July 1, 1997, to comply with the statutory timeframes. Juvenile courts follow statutory timing requirements in the early stages of removal in child abuse and neglect cases. They also hold timely foster care review and permanency planning hearings.

4. ***Permanency Hearings.*** *Citing any data available to the State, discuss how the State meets the requirement that permanency hearings for children in foster care occur within prescribed timeframes. Discuss the effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.*

Virginia's statutory requirement for permanency hearings meets the federal requirement for timely permanency planning at 12 months. For a child who is considered to have entered foster care 60 days after removal from home, a permanency planning hearing is held within 11.5 months. A permanency planning hearing for a child in foster care must be held within five months of the foster care review hearing.

At the permanency planning hearing, state law requires that a permanent goal be specified and achieved, if possible. However, permanency hearings are scheduled and held prior to this time if the permanency goal has been achieved. In cases where the permanency goal is not achieved at 12 months, a second permanency planning hearing is held in six more months if certain statutory requirements, including approval of an interim plan documenting progress, are met. To minimize delay in achieving permanency for the child, petitions to terminate parental rights may be filed for a hearing simultaneous with the petition for permanency planning hearing (§16.1-283 A). Permanency hearings are reviewed in juvenile court within required timeframes at least 90 percent of the time (see Table 3).

Foster Care policy directs workers to focus on achieving permanency from the day a child is placed in foster care. To facilitate the purpose of permanency planning hearings, foster care policy directs LDSS workers to:

- Begin permanency planning as soon as a child enters foster care and expedite the process through immediate provision of services.
- Inform parents of LDSS' expectations regarding reunification and other permanency options, no later than the 75-day dispositional hearing in juvenile court. Concurrent permanency planning is promoted as a casework model to facilitate this process.
- Submit a petition to the juvenile court 30 days in advance of the hearing, requesting the court take specific action regarding custody.
- Submit the names and addresses of individuals who should receive the foster care service plan and/or be notified of the hearing at least 30 days in advance of the hearing.
- Submit a new Foster Care Service Plan that addresses additional issues related to achieving permanency for the child when a child continues in foster care, including:
  - Why the child could not be returned home or placed with relatives;
  - Why it is in the child's best interests to remain in foster care;
  - What the LDSS will do to achieve a permanent placement within the next six months; and
  - Why the LDSS is not petitioning for termination of parental rights.

Virginia's time frames for permanency planning and termination of parental rights cases were reduced after ASFA and procedures established to streamline the on-going review of the child's case in juvenile court. Legislative changes between 1999 and 2001 established new grounds for termination of parental rights and provisions excusing

the requirement for reasonable efforts to reunite under certain circumstances. Aggravated circumstances were added in 2002 as a reason for not requiring reunification efforts.

Local Court Improvement Teams are an important initiative in resolving problems related to moving cases through to permanency. In many localities, local Court Improvement Teams, comprised of juvenile court personnel, LDSS staff, attorneys, private providers, and others, meet on a regular basis and determine protocols for:

- Assuring appropriate documentation on court forms; and
- Avoiding delays through improved calendar management techniques that reduce wait time in court.

Local Court Improvement Teams and the role they play in permanency are inconsistent across the state. In some localities, local Court Improvement Teams are inactive or are non-existent. Reviving and implementing functional Court Improvement Teams in every locality will benefit permanency statewide and is a goal of CIP.

Virginia's juvenile courts utilize best-practice strategies to reduce court-related delays to timely permanency for Virginia's children. A child welfare case may progress through several levels of court review in Virginia's court system before the last, final order is entered. While the structure of Virginia's court system protects due process for all parties, access to these several levels of court review can lead to delays. Appeals of judicial decisions can result in delays for timely permanency. Certain *Code* provisions serve to mitigate against these delays such as:

- Requirement that circuit court hearings on termination of parental rights cases be held within 90 days of the execution of the appeal; and
- Requirement that appeals to a higher court take precedence on the docket of the court (§16.1-296 D).

Juvenile court best-practice procedures that also mitigate against delays include:

- Training judges on the "one-judge, one-family" policy, which furthers the juvenile court's ability to provide continuity, develop an in-depth understanding of family dynamics and needs, and monitor compliance with court orders.
- Effective calendar management and delay reduction strategies that help implement statutory requirements for expeditious case handling, and ensure that a child's case is scheduled and heard on a certain date and for a particular purpose.
- Each juvenile court hearing is a meaningful event that moves the case closer to its ultimate disposition.
- Appropriate use of court forms that promote timely production of detailed, child-specific court orders.
- Juvenile courts that routinely set the next hearing date at the current court hearings, and in general do not allow continuances of child dependency cases.
- Establishment and expansion of best practice courts. During 2002, CIP began development of a new initiative entitled "Best Practice Courts." This program is designed to build on the efforts of many Virginia juvenile courts to follow the *ABA Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases.* This initiative involves the juvenile court's commitment to a series of local activities,

as well as provision of specialized training and technical support to these courts by CIP. CIP has trained and established 12 best practice courts, including Alexandria, Bedford, Fairfax, and Hampton.

Virginia has decreased the time frames for achieving permanency. Data collected by the CIP from court files since July 1997 indicate that the pace of termination of parental rights hearings quickened among cases initiated with the courts after the 1997 modifications to Virginia law. Shortened time frames to permanency planning in child maltreatment and foster care cases have become institutionalized in Virginia's juvenile courts and social services agencies. Members of the judiciary report more effective court practices leading to timely permanency such as:

- Court hearings that occur at a quicker pace.
- Information presented in court is more in depth and focused on the details of a child's case.
- Court hearings are approached from a "child-focused" perspective.
- The court forms, as developed and promulgated by CIP, are user friendly and promote appropriate documentation of required decisions and orders.

Improvements are underway to address barriers to timely achievement of permanency. Areas identified as impeding the timely move to permanency, and initiatives embarked upon to correct the problem, include:

- Improved formalized use of concurrent planning, family group conferencing, and other case management practices by LDSS designed to achieve permanency.
- Better integration and collaboration between foster care and adoption units.

VDSS has stepped up efforts to fully implement concurrent planning. VDSS has provided support to identified LDSS for concurrent planning. Additional pilot projects are underway and a statewide curriculum was developed and is available for LDSS workers through VISSTA. VDSS selected LDSS to pilot concurrent planning and offered assistance regarding implementing an integrated foster care and adoption unit.

Virginia changed its organizational structure to reflect a commitment to permanency by combining foster care and adoption into a single permanency unit. As a part of this shift, VDSS has created a Permanency Advisory Group, comprised of stakeholders from public and private local and state agencies, for consultation on planning, policy, and practice, including the case review system. This committee is a vehicle through which communication between the LDSS, other agencies, and VDSS can occur on a frequent basis and allow for proactive planning. In October 2002, the VDSS foster care and adoption unit combined into one "permanency unit." Staff from two national resource centers provided consultation to the new permanency unit on issues related to the integration of these two previously separate programs (e.g., policy, best practice implementation, organizational structure and implementing a similar model in LDSS). In early 2003, new and updated foster care forms, including model "Permanent Foster Care Agreement" and "Non-custodial Foster Care Agreement" forms, are being disseminated to all LDSS.

5. ***Participation in Hearings and Reviews.*** *Citing any data available to the State, discuss how the State meets the requirement to provide foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in, any review or hearing held with respect to the child in their care.*

For the initial foster care review hearing and all subsequent juvenile court hearings, *Code* establishes that foster parents or other care providers of the child are entitled to notice and an opportunity to participate in the hearing. For the initial foster care plan, the *Code* requires that the juvenile court send a copy of the plan to the foster parents (§16.1-281 C). At foster care review hearings where *Code* requires review of the service plan, foster parents and others whom the juvenile court determines have a legitimate interest in the hearing, such as pre-adoptive parents and relative caregivers, are made parties to the case (§§16.1-281 A and 282 C). This status entitles the child's caregivers to notice and an opportunity to be heard at hearings to review and approve foster care plans. These legal requirements assure an opportunity for all parties who are significantly close to and knowledgeable about the child to provide input to the juvenile court on the foster care plan.

Foster care policy directs workers to provide all relevant information needed by the juvenile court to invite caregivers to the hearing. LDSS provide written notification to the juvenile court, identifying all relevant caregivers considered integral to the child's case. Foster care policy specifies the need to provide this information in ample time for caregivers to receive the notice and plan to attend. The intent of these requirements is to encourage caregiver and parental attendance at all hearings. Specifically, when the LDSS files a foster care plan for initial foster care review or files a petition for review of a foster care plan at the foster care review or permanency planning stages of the court process, the LDSS required to file the Foster Care Plan Transmittal form. This document provides the juvenile court with the names and addresses of the parents of the child before the court, the foster parent or facility where the child resides, any prior custodians, relatives or persons directly interested in the proceeding and any pre-adoptive parents, all in conformance with state law. The clerk's office of the court uses this information to effect service of process on or provide notice to these individuals. Uniformity in the provision of this information supports routine notification by the court of the parties to the proceedings.

The most effective mechanism identified for informing caregivers of subsequent juvenile court hearings is through judges who give notice of the next hearing before leaving the juvenile court room at a current hearing. Foster care and adoption supervisors consistently acknowledge this as the most effective practice of informing foster parents, pre-adoptive parents and other relative (or non-relative) caregivers of scheduled hearings. In addition, policy reminds workers that should the juvenile court not set the date for subsequent hearings, workers should request the juvenile court to do so in order to ensure not only that the hearing is set but that caregivers are provided with ample notice of any future hearings. In a 1999 CIP survey of District Court Clerks, 78 percent of clerks indicated that usually or always "parties to a case are noticed to appear at the next hearing while they are in the courtroom." This number has increased in recent years since court order forms now consistently provide for establishing the next hearing date in the court order. In the 1999 clerks' survey, copies of written court orders were usually or always provided to the parties in 96 percent of cases.

Child welfare workers focus on getting caregivers involved in the juvenile court process. Foster care supervisors identify caregiver attendance at, and involvement in, court hearings as problematic at times. Primary factors identified that sometimes impede the involvement of relative and pre-adoptive caregivers include:

- Caregivers are scared by the court process;
- Caregiver's need for child care for other children;
- Delays in case (child and/or family) progress; or
- Delays in court hearings or length of time to wait for a case to be heard.

To mitigate against these factors, supervisory staff report workers attempt to allay any fears of the court process through education and assurances that the worker will be in court and available to the caregiver for assistance and support. Workers often have conversations with caregivers, explaining the purpose of the hearing and the role the caregiver has in planning for the child's future. Completion and the timely submission of all required paperwork to the juvenile court helps prevent delays in the hearing thus reducing continuances and increases caretaker presence in court. Finally, helping caregivers find child care for their other children while in court facilitates caregiver attendance at hearings. CASA advocates may also help locate family members as appropriate and visit foster parents and other caregivers to discuss the importance of participation in service planning as it promotes the child's best interests.

Over 80 percent of foster parents indicated involvement in and approval of service plans for children in their home. This recent survey finding provides assurance that foster parents are involved in service planning for children. Further, almost 90 percent of foster parents indicated they have been informed about any juvenile court hearings or administrative case reviews for their children. See Table 4.

Table 4: **Survey Respondents**	**Question**	**Yes**	**No**
Foster parents	Worked on the service plans for the child	82%	18%
Foster parents	Told about court hearings/reviews	89%	11%

Local worker survey results indicated that foster and adoptive parents, relative caregivers, and other person's involved with a child are almost always notified of juvenile court hearings. Most workers felt that these caregivers also have opportunities to participate in court hearings. About two thirds of workers felt that caregivers are almost always notified of court hearings and administrative panel reviews. Less than half thought the caregivers always participate. See Table 5.

Table 5: **Social Worker Survey**		**Percent of Workers**		
Caregivers	**Question**	**Always-Usually**	**Sometimes**	**Rarely - Never**
Foster parents	Notified in advance and invited to **court hearings**	100%	0%	0%
Adoptive parents		99%	1%	0%
Relative caregivers		91%	9%	0%
Foster parents	Have opportunity to participate in **court hearings**	62%	29%	9%
Adoptive parents		68%	25%	7%
Relative caregivers		60%	32%	8%
Foster parents	Notified in advance and invited to **administrative reviews**	87%	11%	2%
Adoptive parents		77%	13%	10%
Relative caregivers		74%	14%	12%
Foster parents	Have opportunity to participate in **administrative reviews**	39%	44%	17%
Adoptive parents		41%	37%	22%
Relative caregivers		28%	48%	24%

Summary

Strengths of Virginia's case review system include:

- Virginia has a strong basis for the elements required in an effective service plan in the *Code of Virginia*.
- Foster care policy provides detailed guidance on the process of effective service planning.
- Needs assessment and service plan templates are easily available for use through the OASIS system.
- LDSS workers complete needs assessments and service plans timely.
- *Code* and foster care policy allow workers to substitute the CSA service plan (IFSP) for the VDSS service plan, thus reducing duplication of effort and enhancing collaboration between the two systems.
- Court Improvement Project training and technical assistance throughout the state has significantly enhanced understanding of, and compliance with, federal regulations related to timely hearings that focus on permanency for children.
- Virginia has a 90 percent compliance rate with the federal requirement for regular reviews of children's cases in juvenile court or through a review process.
- Virginia has effective practices for informing all parties to a foster care case of juvenile court hearings.
- Virginia is actively engaged in, or currently in the planning stages of, implementing several best-practice casework management models.
- CIP continues to conduct training, both statewide and within local communities. CIP has 12 best practice courts with active local court improvement teams, with plans to expand into more communities.

Areas for improvement include:

- Service plans are not always individualized and may lack behavioral indicators of progress desired.
- LDSS experience difficulties gaining parental involvement in service planning.
- Local Court Improvement Project Teams do not exist in all localities and/or are not consistently active in all localities.
- Continuances in juvenile court appear to be problematic and should be more closely examined to assess causes and impacts on time lines.
- Circuit court appeals in termination of parental rights are "de novo," requiring the case to be heard in full at the Circuit Court level, delaying adoption for some children.

Strategies for strengthening identified case review needs:

- VDSS will continue to work collaboratively with CIP to develop needed legislation and improve timeliness of juvenile court hearings and appeals to higher courts.
- CIP will continue the provision of local training to interdisciplinary groups on the fundamentals of good court practice in child dependency litigation. These sessions clarify for all of the professionals in the process what is required by law and court procedure to properly initiate, adjudicate and dispose of child dependency matters. They also promote community collaboration by providing an opportunity for community discussions about how to improve permanency planning for children.
- CIP's program of establishing and supporting Best Practice Courts throughout Virginia should be continued and expanded to enable more communities to benefit from sharing innovative methods of establishing permanency for children.
- The Permanency Advisory Group (PAG) will be involved in developing solutions to problem areas specific to the case review system. The intent in creating PAG was to create program change by involving state and local representative stakeholders to assist in designing enhancements and improvements to permanency services. PAG serves as an advisory group to the VDSS permanency unit, thus ensuring that policy development and best-practice implementation is responsive to LDSS and private LDSS staff needs.
- New worker training and foster care policy will include additional guidance for workers on engagement strategies for collaborative service planning with families and other involved parties. VISSTA is developing a course for social workers on engagement strategies that may be applied to collaborative service plan development.

Quality Assurance System

1. ***Standards to Ensure Quality Services***. *Discuss how the State has complied with the requirement at section 471 (a)(22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and any effects of implementing the standards to date.*

The Virginia Department of Social Services (VDSS) has laws and policies in place to ensure that children's safety and health are protected.

The *Code of Virginia* requires a state criminal background and child abuse/neglect Central Registry check on any individual, including the birth parent or a relative, with whom the local department of social services (LDSS) is considering placing a child on an emergency, temporary or permanent basis (§63.2-901.1)**.** The law specifically directs LDSS and licensed child-placing agencies to obtain and consider criminal and child abuse/neglect history on any individual, including a birth parent before reunification, a relative before placement with that relative, or a neighbor following an emergency removal, with whom a child may be placed. The law also allows criminal and child abuse/neglect checks on all adult household members.

Foster and adoptive parents have undergone state criminal background and child abuse/neglect Central Registry checks since the mid-1980s. Foster and adoptive parents must go through an approval process in Virginia. In addition to the criminal and child abuse/neglect checks, requirements for approval include an interview process, reference check, employment history, and medical assessment.

The foster/adoptive home is evaluated to assure the child's safety and health, including fire hazards, excessive litter or debris, and sanitation of the water supply and/or sewage system. A written evacuation plan and smoke detectors in all sleeping areas are required. Homes are also evaluated for adequacy of space, furnishing, lighting, and ventilation.

Relatives applying to be foster parents must meet the same standards as non-relative foster parent applicants. Virginia has not had a lower level of standards for relatives who become foster or adoptive parents.

Foster parents are recruited and trained by either LDSS or child-placing agencies. LDSS are required to visit the foster homes they approve on a semi-annual basis. Re-approval is required every 24 months, except that emergency or suspended provisions have shorter periods for re-examination. Child-placing agencies initially license foster families for 12 months. Thereafter, they re-evaluate and re-approve parents every two years.

Since 1987, VDSS has supported LDSS in training foster and adoptive parents through contracted services to help ensure quality services to protect foster care children's health and safety. The Community Resource, Adoption and Foster Family Training (CRAFFT) is Virginia's statewide training program and technical support for foster, adoptive and resource parents. Training topics addressed in each region vary according to the needs of the community. Topics addressing safety include cardio-pulmonary resuscitation and first-aid training. Additional safety topics include fire, guns, and infectious

diseases, child protective services (CPS) and the removal of children, appropriate discipline, home safety, and car seat safety. Other topics addressed issues regarding permanency and well-being.

Residential facility staff who are alone with children on a regular basis must submit to a national criminal background check and a check of the child abuse/neglect Central Registry. The *Code of Virginia* residential facility regulations prohibit employment of individuals with certain convictions to ensure the safety of children. These convictions include: murder, manslaughter, abduction, assault and bodily wounding, extortion by threat, sexual assault, arson, burglary, possession of drugs, pandering, crimes against nature involving children, taking indecent liberties with children, abuse or neglect of children or incapacitated adults, failure to secure medical attention for an injured child, obscenity offenses, employing or permitting a minor to assist in an act constituting an offense, or an equivalent office in another state cannot be employed at a residential facility (§63.2-1726).

All child residential facilities must meet core standards to be licensed by the Departments of Education, Juvenile Justice, Mental Health Mental Retardation and Substance Abuse Services, or Social Services. The Office of Interdepartmental Regulations for Children's Residential Facilities coordinates the four state departments that license/approve child's residential facilities. Individual departments may add to the core regulations their specific requirements for specialized settings, such as psychiatric or correctional facilities. Core standards include adequate heating and cooling systems, ventilation, lighting, plumbing, and furnishings. Additional standards concern sleeping areas, kitchen and dining areas, laundry, staff quarters, office space, storage, food, and bedding. Fire extinguishers and a first-aid kit must be on the premises. Smoking is prohibited.

Residential facility staff is required to participate in yearly training on any methods of physical restraint approved by their policies and procedures. Additionally, residential facilities are required at all times to have an on-duty staff member certified in first-aid and cardio-pulmonary resuscitation.

VDSS Division of Licensing monitors child-placing agencies and residential facilities through one announced and one unannounced visit each year. Additional on-site investigations and reviews are done in response to consumer complaints. If a complaint involves the suspicion of child abuse or neglect, the investigation is coordinated and conducted with LDSS CPS or, when necessary, the police.

Foster care policy requires all foster care children to have a medical examination using the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program. The examination must be performed within 60 days of placement. Routine medical and dental exams are required at least annually for children age four and older. Children must receive medical care in accordance with EPSDT health screening and treatment schedule, and as needed.

State laws require child safety seat and restraint laws. Recent legislative changes to Virginia's child safety seat and restraint laws include:

- Section 46.2 requires child restraint devices for all children age five and younger. Those in non-compliance are fined and the fine monies are used for the program for low-income residents who need assistance with purchasing safety seats.
- Section 46-2 mandates that children age 6 through age 15 wear seatbelts.
- Section 46.2-1094 forbids youth age 16 and under from being transported in the rear cargo area of a pickup truck.

2. ***Quality assurance system.*** *Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the agency and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.*

VDSS has a number of quality assurance processes in place that help to ensure safety, permanency, and well-being of children across Virginia. Quality assurance is carried out throughout all levels of the system, including the local supervisor and local interagency team, VDSS regional specialists in their oversight activities, and VDSS program managers and administrators. VDSS has a centralized Quality Review and Improvement Team for quality assurance in child welfare.

Virginia's On-line Automated Services Information System (OASIS) provides tools for quality assurance for state administrators, program managers and specialists, and LDSS directors and supervisors. OASIS provides approximately 200 different reports containing key information to identify strengths and problems. OASIS includes on-line, real-time reports through the application that supervisors and managers can review and assess at any point in time. There are advanced filter and sort functions associated with the on-line reports. Results can be viewed on the screen as well as printed. Numerous reports can be produced and sorted by worker, by locality, or by region. Reports can also be produced to allow statewide review. Staff can access and manipulate locality, region, or statewide outcome reports, based on federal permanency reports and outcomes, using an associated utility. Client-specific reports are e-mailed to LDSS as needed to provide case level details. VDSS also posts statistical reports with summary data by locality on the Intranet site; the statistical reports are particularly useful in examining information across localities and regions.

Reports from OASIS allow the identification and targeting of localities or program areas for further examination. For example, quality assurance staff can utilize the Active Foster Care Children Report to identify LDSS to target for a review and select cases for the review. Program staff can identify a policy issue for further study. A local supervisor can utilize the same report to sort caseloads by worker to review actions needed per case. Most reports from OASIS can be manipulated or re-formatted to produce numerous additional reports.

VDSS has a Quality Review and Improvement Team to coordinate and manage all quality management activities across the state. The team, established in July 2002, plays a key role in program quality assurance, as well as in planning and carrying out statewide foster care and CPS case reviews. When problematic areas are identified, the

team communicates results to program managers and LDSS staff, and assists in determining strategies for improvement.

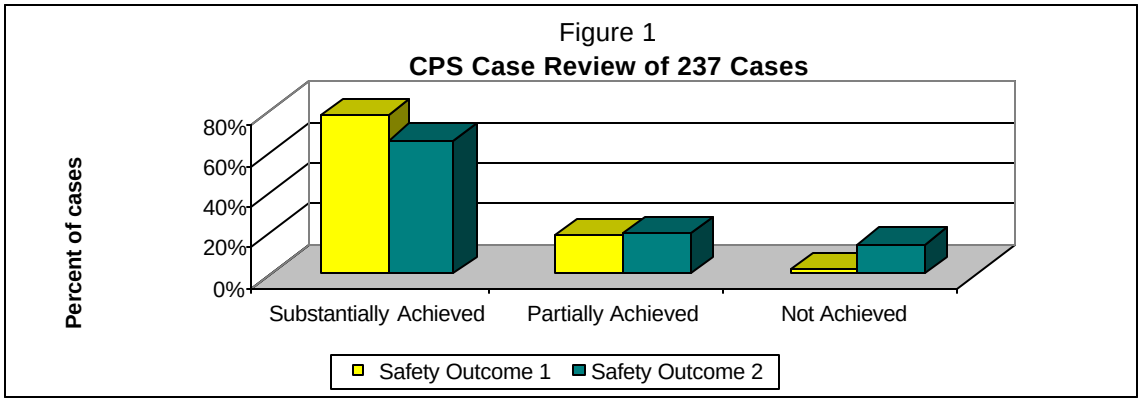
As a part of its quality assurance, VDSS conducted several case reviews using the federal review instrument in the past year. Results of these case reviews are being used to identify areas needing strengthening in policy, training, and practice.

Two state CPS program case reviews occurred in 2002. CPS traditionally has conducted statewide case reviews for compliance with state policy for investigations. The two recent case reviews focused on service cases opened in response to reports of suspected abuse and neglect.

Regional specialists reviewed 237 CPS service cases in 21 large LDSS in the summer of 2002. These cases included 276 investigations and family assessments between October 2001 and July 2002. The review included federal safety outcome and performance measures, as well as CPS program policy requirements. Regional specialists provided feedback to each LDSS on individual cases related to compliance with policy requirements and quality of services.

Results from the review indicated that 78 percent of the cases reviewed achieved substantial conformity on safety outcome 1: *children are, first and foremost, protected from abuse and neglect.* Safety outcome 2*: children are safely maintained in their homes whenever possible and appropriate*, reached substantial conformity in 66 percent of the cases reviewed. Both outcomes were rated partially achieved in 20 percent of the cases reviewed. Safety outcome 1 was not achieved in two percent of the cases reviewed and safety outcome 2 was not achieved in 15 percent of the cases reviewed (see Figure 1).

Figure 1



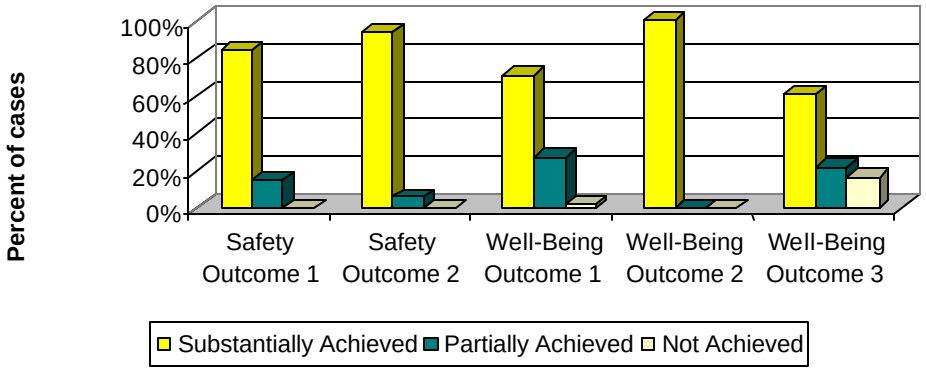
In fall 2002, LDSS CPS supervisors in each locality reviewed safety and well-being outcomes using a modified version of the federal case review instrument. Each supervisor chose one on-going case open for CPS services for at least 60 days during the "period under review" (July 1, 2001 through the date of the review). The sample size was small; 48 cases were included in the analysis.

Results indicated greater strengths in both safety outcomes and well-being outcome 2.

- Safety outcome 1 results indicated that the child was protected from abuse and neglect 85 percent of the time.
- Safety outcome 2 results indicated that, in 94 percent of the cases reviewed, the child was able to be safely maintained in the home.
- Almost 71 percent of the cases achieved well-being outcome 1, *families have enhanced capacity to provide for their children's needs.*
- All cases achieved well-being outcome 2, *children receive appropriate services to meet their educational needs.* When rating the education indicator, the case was rated a strength whenever attention to education was documented in the records and rated not applicable when educational needs were not addressed because they were not related to why the child was in need of services.
- Over 60 percent met substantial conformity for well-being outcome 3, *children receive adequate services to meet their physical and mental health need* (see Figure 2 and, for further details, the Safety Outcomes section).

Figure 2

CPS Case Review of 48 Cases



In summer of 2002, 116 foster care cases underwent review. Local supervisors used a slightly modified version of the full federal CFSR case review instrument. VDSS staff selected a sample of cases for the review. Children were selected from the pool of children in care on June 12, 2002, who had entered care before April 1, 2001. These selection criteria were utilized as a means of providing information on children who had been in care a minimum of 14 months. For that reason, the outcome scores for permanency are lower than would be expected if a more representative sample had been used.

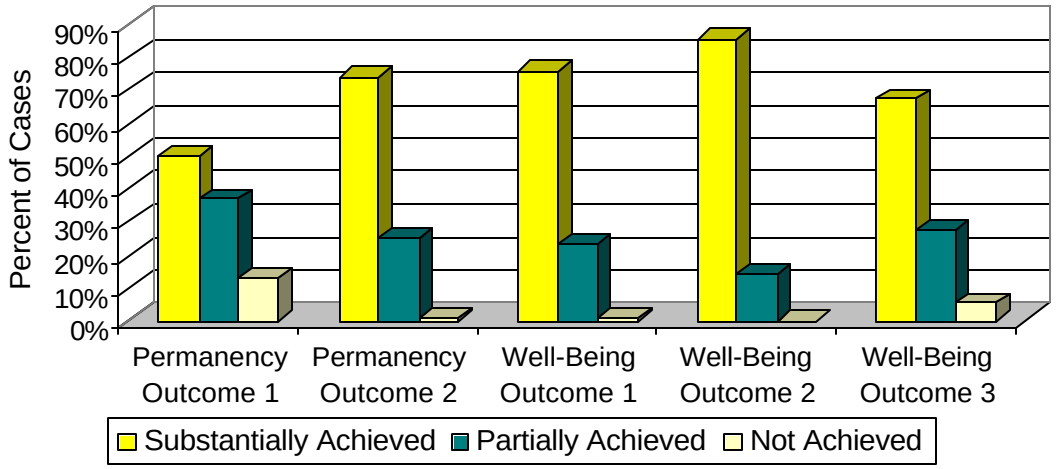
Foster care case review results indicated greater strengths in well-being outcome 2, well-being outcome 1, and permanency outcome 2 (see Figure 3 and, for further details, the Permanency Outcomes section)**.**

- Permanency outcome 1, *children have permanency and stability in their living situations*, was substantially achieved in 50 percent of the cases.
- Permanency outcome 2, *continuity of daily relationships and connections will be preserved for children*, was substantially achieved in 74 percent of the cases.
- Slightly over 75 percent of the cases achieved well-being outcome 1.
- Well-being outcome 2 was substantially achieved in 86 percent of the cases.

- Over 66 percent achieved well-being outcome 3**.**

Safety outcomes were not fully measured because a CPS investigation review was not required and the items were not applicable in most cases.

Figure 3
Foster Care Case Review of 116 Cases



As Virginia moves toward a continuous quality case review system, conducting the CPS and foster care case reviews using a modified federal instrument has been beneficial and effective for several reasons.

- The case reviews made VDSS staff, regional specialists, and local supervisors more outcome focused and aware of the areas on which to focus for achieving quality services.
- The varied approaches to the reviews conducted provided valuable "lessons learned" for more consistent future reviews.
- Findings and analysis of case reviews are being produced and shared with VDSS program staff, regional specialists, LDSS, and key stakeholders.
- Areas of strength and those needing improvement identified through the results of the CPS and foster care case reviews are being used to target program improvements and to identify new strategies for the 2004 Child and Family Services Plan and Virginia's legislative initiatives.

VDSS is planning an enhanced quality review and improvement process beginning in FY 2004 that provides team case reviews in LDSS. These reviews will be based on the federal child and family services review model, and involve local partners in the review. Local program improvement plans will be a component. Results of reviews will help to guide state policy changes, training initiatives, and practice guidance, as well as provide VDSS with continuous quality improvement measures.

Virginia's State Child Fatality Review Team (SCFRT) and local and regional child fatality review teams review child deaths that may relate to child abuse or neglect. These teams are established in *Code of Virginia §§* 32.1-283.1 and 32.1-283.2. The purpose of the SCFRT is to systematically analyze child deaths to determine if the deaths could have been prevented and to make recommendations for education, training, and

prevention, as well as provide technical assistance to the local review teams in Virginia. The SCFRT is multi-disciplinary and includes physicians and representatives from state and local agencies who provide services to families and children or who may be involved in the investigation of child death.

Child maltreatment and selected other child fatalities are reviewed by the SCFRT. The multi-disciplinary team yields insights, interventions, and strategies that form the basis for recommendations. Regional child fatality review teams are active in Hampton Roads and Piedmont. The regional teams have been successful in bringing together community agencies to determine which fatalities could have been prevented, make recommendations for preventing future fatalities, and implement prevention strategies. However, not all areas of the state are covered by a local or regional team, although the state SCFRT covers all areas.

Locally, cases of children in foster care undergo regular review for quality service delivery, as well as permanency and well-being. An Administrative Panel Review (APR), alternating with a court hearing, is held twice each year. The APR is a broad review to assess the child's progress in the areas of health, safety, permanency goals, and well-being. The APR panel consists of at least one reviewer who is not providing the case management or delivery of services to the child or parent/s. Panel participants can be (but are not limited to) court-related staff, private citizens, and staff from other services agencies. The child, foster parents, biological parents, attorneys or friends of parents can attend the APR to provide input but are not members of the panel.

The Family Assessment and Planning Team (FAPT) or multi-disciplinary team, as directed by the Comprehensive Services Act (CSA), review most foster care cases at least twice each year to ensure that services provided to foster care youth and families facilitate safety, permanency and well-being. The review includes a determination that a thorough assessment has been done and appropriate services are being provided to assist in family preservation or reunification or other permanency planning, as applicable. The FAPT or multi-disciplinary team also reviews the youth's educational, mental health, and physical health needs, and facilitates interagency collaboration in the provision of needed services. Participants in FAPT or multi-disciplinary team reviews may include a representative from the local health department, local school district, court services unit, local community mental health, LDSS, the social worker assigned to the case, older foster care children and family members, long-term foster parents, providers, and the CSA coordinator in the community.

Records of foster care children placed in residential treatment facilities undergo frequent and intense utilization reviews that are an important component in assuring quality services. Children in treatment foster care also undergo utilization reviews. The Child and Adolescent Functional Assessment Scale (CAFAS™) is a required component of utilization reviews. Through review of progress and discharge goals, the reviewer evaluates the child's progress towards a permanent placement. The reviewer examines comprehensive treatment plans to assure that appropriate services are provided in all areas, including: education, behavioral health services, physical health, peer relationships, vocational training, and family treatment and visits. Table 1 shows utilization reviews and their frequency.

Table 1: **Reviews Conducted on a Foster Care Child in Residential Treatment**	
All cases are reviewed by FAPT/multi-disciplinary team and have a CAFAS™ every 90 days	
Medicaid Reimbursed Placements	All Other Core Licensed Facilities
▪ Reviewed by utilization review company no less than every 30 days	▪ Reviewed by utilization review company, private contractor, or LDSS ▪ Generally, reviewed every 60 days
Reviews Conducted on a Foster Care Child in Therapeutic Foster Care	
All cases are reviewed by FAPT and have a CAFAS™ every 90 to 180 days	
Medicaid Reimbursed Placements	Non-Medicaid Reimbursed Placements
▪ Reviewed by utilization review company no less than every 180 days	▪ Reviewed at FAPT

Note: CAFAS™ is a rating scale used to assess a youth's function across eight areas. It measures impairment in daily functioning that is secondary to behavioral, emotional, or substance use problems. The instrument contains a "menu" of behavioral descriptions; the rater selects the description that best describes the child's functioning. The scale may be completed by a social worker or other person trained in its use.

Some LDSS also have pre-placement case conferences that are coordinated through CSA. Fairfax County, for example, utilizes Child Specific Teams (CST). Participants include representatives from FAPT. These meetings can be used to identify community services and develop a crisis management plan that allows children to remain in the community rather than being placed in foster care. In those cases for which placement is the appropriate alternative, the case conference format provides a forum in which everyone involved in the youth's life develops a comprehensive plan of care. Such an early and thorough process increases the chance that the placement will be stable and that a plan is in place to achieve permanency as quickly as possible.

VDSS regional specialists monitor LDSS case records on an on-going basis. Typically, each specialist uses LDSS specific reports generated from OASIS to identify potential problems before making an on-site visit to a LDSS. Record reviews and staffing of cases are essential means for assuring compliance with policies and procedures, and for training staff on best practices.

Local supervisors ensure compliance with state policies and procedures, as well as Adoption and Safe Families Act (ASFA) and Multi-ethnic Placement Act (MEPA) standards, by reviewing cases at critical points in care. Virginia mandates that, within 60 days of a child entering foster care, the worker must complete an individualized service plan for the child. Foster care supervisors review and approve those plans to ensure that they provide for the child's safety and establish comprehensive, individualized permanency plans. Before all court hearings, supervisors examine the records to assure compliance with state and federal permanency planning requirements. Information gathered from these reviews is used in staff training and development. CPS supervisors approve all investigation dispositions and risk assessments, family assessments, time extensions for investigations and family assessments beyond 45 days, and service plans for on-going in-home cases. Service plans are reviewed with the family and revised as needed every three months. Information gathered from these reviews is used in staff training and development.

Several local departments, such as Norfolk and Fairfax, have developed and implemented local quality management programs that include performance indicators and goals. These programs assist in strengthening local practice and performance such as:

- Documentation that child maltreatment risk assessments are correctly completed and that treatment plans address the needs identified in the assessment;
- Re-assessment of risk occurs at critical points in the life of the case;
- Assurance that worker visits with foster care children occur as needed;
- Prevention of repeat maltreatment with reunified children and maltreatment of children in foster homes;
- Structured decision making;
- Safe, timely reunification of children with families; and
- Children's educational, physical health, and mental health needs are met.

Three Virginia LDSS – Fairfax, Arlington, and Alexandria -- participate in an Inter-jurisdictional Review Process in which supervisors travel to one another's agencies to review CPS case records and interview social workers. Cases identified as "high risk" are selected by LDSS staff for visiting supervisors to review. The visiting supervisor provides feedback to the case manager and his/her supervisor. In September 2001, supervisors from all three agencies began quarterly meetings to discuss the aggregate results of the reviews, and to identify systemic issues and recommend improvement plans.

VDSS has begun to feature best practices on its internal web site. Examples of featured best practices include the Richmond City Family Drug Treatment Court, Warren County's permanency planning, and Fairfax's *Child Health Profile*. Sharing of best practices among LDSS facilitates program improvements that have demonstrated success.

Summary

Strengths in Virginia's quality assurance include:

- As a means of assuring children's safety, Virginia has stringent requirements for criminal records and CPS background checks.
- Relatives who act as foster parents must meet the same standards as other foster parents.
- VDSS has a Quality Review and Improvement Unit.
- In 2002, Virginia conducted statewide case reviews of foster care and CPS cases, using the federal case review instrument. The results have been instrumental in assessing areas for improvements in child and family safety, permanency, and well-being.
- Regional specialists continually review foster care and CPS cases to assure compliance with federal and state requirements, including AFSA and MEPA.
- The Comprehensive Services Act for At-Risk Children and Youth (CSA) process provides multi-disciplinary staffings for the majority of foster care cases, that facilitate

collaborative efforts in service plan development and delivery, and ensures effective services for children and families.

- VDSS features local best practices on its internal web site.

Areas of improvement include:

- A strengthened, continuous quality assurance system should be better integrated at the state and local levels, and used to monitor child's safety, permanency, and well-being outcomes.
- A well-coordinated process that allows quality review results to fold into program planning in considering and instituting regulatory and policy changes would strengthen the continual planning and evaluation cycle.
- Improved automation capability to collect case review data elements as case reviews are performed would improve analysis of results. Such capability would stretch limited staff resources to enable staff to focus on actual case reviews.

Strategies for improvement include:

- Increased use of automated tools to examine areas that are part of the Child and Family Services Review (CFSR), such as the work that has been done this year to track contacts between worker and child, so that items can be better assessed through the automated system.
- Virginia will continue using a modified version of the federal review instrument to conduct case reviews and monitor safety, permanency, and well-being outcomes for children.
- To ensure consistency in training and improve inter-rater reliability, VDSS will work with VISSTA to develop and teach curricula for case reviewing. VISSTA training will emphasize using current OASIS and Virginia Child Welfare Outcomes and Report data for management of LDSS.
- VDSS is in the process of developing outcome indicators in the form of "dashboards." "Dashboards" will be available on the VDSS intranet site. The "dashboard" format will present outcomes in a brief, easy-to-read format and allow LDSS to compare its performance against other LDSS. Indicators will focus on improving the safety, permanency and well-being of children and families.
- Improve collaboration and integration of reviews of foster care cases conducted through VDSS for CSFSR and Title IV-E, and those conducted for CFSR and Title IV-E, and those conducted through the Office of Comprehensive Services (OCS).

Staff and Provider Training

Overview

Virginia has multiple sources for training of its 121 local departments of social services (LDSS) and many community partners. Trainers for public and private child welfare staff include the Virginia Department of Social Services (VDSS), state universities, state entities, such as the Supreme Court's Court Improvement Project (CIP), organizations such as One Church One Child, Virginians Against Domestic Violence (VADV), Virginia's foster parent association, and LDSS. All provide valuable training opportunities for child welfare staff in Virginia. The opportunities are diverse and often localized.

1. ***Child Welfare Staff Training.*** *Citing any data available to the State on the numbers and timeframes of staff trained, discuss the effectiveness of the State's initial and on-going training for all child welfare staff employed by the agency that includes the basic skills and knowledge required for their positions*.

The Virginia Institute for Social Services Training Activities (VISSTA) has been the primary provider of skills training for public child welfare staff since 1991. VISSTA was established in April 1990 as a collaborative training effort between VDSS, the Virginia Commonwealth University School of Social Work (VCU), and five Area Training Centers (ATC) managed by LDSS. This training system has three major components:

- Defined competencies for supervisors and staff;
- Standardized curricula to address the competencies; and
- Established delivery system that provides training within regions of the state.

The content of the training takes shape primarily as a result of the Child Welfare Training Advisory Committee (CWTAC), which includes VDSS and LDSS staff and external representation, such as a Department of Criminal Justice Services (DCJS) representative. With the input of CWTAC, VCU-VISSTA develops and revises the curricula, recruits and supports the trainers, and staffs the committee. The ATCs market the training, deliver it within each region, and keep records of who attends.

Three graduate schools of social work in Virginia are very involved in the education and training of LDSS child welfare staff.

- Norfolk State University administers two child welfare education programs in its School of Social Work. One program, funded by the Children's Bureau, prepares students enrolled in the Bachelor of Social Work Program for work in public child welfare. Currently, there are 15 students in the program. From 1993 through 1997, the bureau funded education for approximately 40 current and prospective child welfare practitioners. The second program, funded by VDSS, prepares predominantly Master in Social Work (MSW) students for employment in public child welfare in Virginia. Twenty students are currently receiving stipends under this program.
- Radford University (RU) also participates in the child welfare student stipend program and has 20 students this year. For the past two years, RU has sponsored a National

Child Welfare Conference, which has been well attended by child welfare staff in the more rural, western part of the state. Presenters have been drawn from across the United States. To plan and evaluate the conferences, RU has established an on-going advisory committee of LDSS supervisors and staff. RU also offers child welfare related courses to service providers for Continuing Education Units (CEU) and staff development opportunities.

- VCU provides 16 stipends annually (14 to MSW students and two to Bachelor of Social Work [BSW] students in their last year.) to prepare students for employment in public child welfare. In Fairfax, up to 12 current LDSS employees receive part-time stipends while working part-time on their MSW degree. This began as a pilot and is now being expanded statewide.
- VCU also provides the statewide coordination of Virginia's Child Welfare IV-E Stipend Program.

The existing university-based training model is undergoing expansion, involving a consortium of universities and schools throughout the state. The ultimate goal is to pull all training and professional development activities into a single system at VDSS. Over the next five years, VDSS is developing a more flexible, decentralized, collaborative training delivery system. The system will be built on the existing VISSTA program at VCU that has been operating for 12 years. The implementation of the training reform will be carried out in multiple phases.

The new consortium model will continue to develop competency-based training that is responsive to the needs of state and local administrators and staff tasked with the responsibility to implement the complex social programs within the social services system. The system will assure the use of an adult learning model in the delivery of a progressive knowledge base at both the pre-service and in-service level. The system will provide a qualitative and quantitative evaluation of the training processes and outcomes that will document impact and assist in improving job performance.

VDSS is implementing Pathlore to track training of staff and key providers such as foster parents. This system will match training needs with available courses and programs, allow on line registration, maintain each employees training record, and allow post training evaluations. This system will be beneficial as Virginia moves to career track training modules.

Types of Training Provided to LDSS Child Welfare Staff

Initial Training for LDSS Child Welfare Staff

Child Protective Services (CPS), Foster Care and Adoptions policy training for new workers is developed and delivered by VDSS staff. The CPS policy training is scheduled at least twice per year in each region and the other programs schedule at least one session per region per year. If turnover merits, a region may have additional policy sessions provided. LDSS supervisors are encouraged to send their new workers for policy training within the first three months of employment, requiring some LDSS workers to travel out of region.

All CPS workers in the state are mandated to complete skills and policy training within the first year of employment. In 1996, the State Board of Social Services enacted regulations related to mandatory training for CPS staff. The Virginia Administrative Code (22 VAC 40-705-180) mandates uniform training requirements for CPS workers and supervisors. *"The department shall implement a uniform training plan for child protective services workers. The plan shall establish minimum standards for all child protective services workers in the Commonwealth of Virginia."*

Administrative code 22 VAC 40-705-180(B) requires CPS workers to complete training within their first year. *"Workers shall complete skills and policy training specific to child abuse and neglect investigations within the first year of their employment."*

During their first year, new CPS workers must complete "New Worker Child Protective Services Policy" offered by the VDSS, and complete the following mandatory courses offered by VISSTA:

- VISSTA Course #204/*Intake and Investigation in Child Protective Services*
- VISSTA Course #203/*Sexual Abuse*
- VISSTA Course #207/*Sexual Abuse Investigations*

CPS policy further requires that all CPS workers complete the following VISSTA courses within one year if the worker and supervisor assess a specific need:

- VISSTA Course #101/*Exploring Child Welfare*
- VISSTA Course #102/*Casework Process and Case Planning in Child Welfare*
- VISSTA Course #103/*Effects of Abuse and Neglect on Child and Adolescent Development*
- VISSTA Course #104/*Separation and Loss Issues in Human Service*
- VISSTA Course #301/*Crisis Intervention*
- VISSTA Course #7001/*Understanding Domestic Violence*
- VISSTA Course #7002/*Domestic Violence and Its Impact on Children*

Even when a specific need is not identified, CPS workers are encouraged to complete these courses.

Further CPS training requirements must be met in order for a worker to be qualified to perform designated out-of-family investigations. In addition to the above minimum standards, any staff who perform designated out-of-family investigations in a state-regulated setting (licensed or registered family day homes, day care centers, public and private schools, and children's residential settings) must complete "State Policy Training on Out-of-Family Investigations" offered by VDSS. Where the CPS worker and the supervisor identify a need, CPS staff also must complete VISSTA Course #205 Out-of-Family Investigations before performing these investigations.

Although there is currently no requirement in law or regulation, LDSS are strongly urged to send new workers in foster care and adoption to policy and skills training within the first three months of employment. In addition to the new worker policy training in foster care and adoptions, there are VISSTA courses designed specifically for new workers in these programs. In addition to the basic

child welfare courses listed above (101, 102, 103, and 104), several other skills courses are provided routinely for these staff:

- Course #200/Introduction to Permanency Planning
- Course #201/Working with Foster/Adoptive Families
- Course #209/Assessment and Service Planning
- Course #210/Working with Children in Placement
- Course #211/Special Needs Adoption

Numerous training sessions are provided on the On-Line Automated Services Information System (OASIS). OASIS 101 provides two-day training for new foster care or CPS staff and half day for new adoption staff. In 2002, new worker OASIS training and CPS policy training were combined into a five-day course, allowing attendees to practice documentation related to policy as they learn the policy. The combination was well received and, in 2003, standard practice for training all new child welfare workers, including foster care and adoption staff.

In surveys conducted statewide, 50 percent of LDSS directors and 60 percent of LDSS supervisors indicated that new child welfare workers are not prepared to handle cases; therefore, there is a definite need for new worker training. New workers can receive new worker foster care, adoption or CPS training, now being conducted with OASIS training for their programs. Over 75 percent of the workers attending new worker trainings reported that the training sessions were very helpful to somewhat helpful.

On-going Training for LDSS Child Welfare Staff

LDSS child welfare staff receive training whenever laws, regulations, and policies change, and as identified through assessments. For example, recent changes in CPS law and regulations resulted in a recent major training initiative for implementation of the CPS Differential Response System.

As a result of statewide implementation of a CPS Differential Response System (DRS) in 2002, all CPS supervisors and staff received initial DRS training. This training was mandated by law and in regulation: *22 VAC 40-705-180(C*). "*All local departments must ensure that staff involved in the differential response system attend the training provided by the Department. An agency shall become designated as a CPS differential response agency by the Department after staff have received the training."*

CPS staff in all LDSS had the opportunity to participate in the initial DRS training from February through April 2002. After piloting with 30 participants in January 2002, approximately 280 LDSS supervisors received training in 14 sessions across the state. During March and April, approximately 950 LDSS staff received training in 47 sessions across the state. The two-day training sessions provided opportunities to discuss and practice:

- Decision-making for assigning valid reports to the family assessment and investigation tracks;
- Conducting an enhanced safety assessment;
- Conducting the new family assessment;
- Completing the new family service agreement;
- Collaborating effectively with families; and

- Documenting family assessments in OASIS.

Separate sessions were offered to supervisors that, in addition to the content listed above, provided an opportunity to share ideas and methods for managing the changes required by DRS. Table 1 provides the number of training sessions.

Table 1
DRS Implementation Training - 2002

Month	Number Trained	Number of Sessions
February	280	14
March	550	30
April	400	17

Additional training pertinent to DRS implementation has been offered subsequently to the basic required training:

- In May 2002, two half-day supplemental OASIS training sessions were offered in each of the five VDSS regions.
- In June, Dr. Patricia Schene, a nationally known expert on community partnership and child partnership and child protection, provided regional training entitled "Together, We Protect Children."
- In August, VISSTA offered regional training on techniques for *Engaging Families*.
- Follow-up meetings with CPS supervisors in each region have identified a continued need for training on collaboration with community partners and skills enhancement for involving families in assessment and services. VISSTA is developing a standard course on engagement skills to be ready in 2003.

OASIS training beyond the new worker level is periodically conducted on an as-needed basis. When there is a new version of OASIS, appropriate users receive training on the new features, as appropriate. For example, Version 2.4 had a new foster care service plan and a new Adoption Resource Exchange of Virginia (AREVA) registration, so foster care workers across the state received training on Version 2.4 enhancements. An administrator's course instructs directors and supervisors how to navigate, use reports, and access statistical information.

Evaluation of the basic policy training is primarily through verbal feedback from child welfare supervisors. All five regions have quarterly meetings with LDSS supervisors where training issues are discussed. There is also local representation on the Child Welfare Training Committee where the inter-relationship of the skills and policy sessions is explored and addressed. The committee has identified the need for more consistent methods of feedback from LDSS supervisors addressing the effectiveness of the training for inexperienced child welfare staff.

VISSTA courses are assessed for revision approximately every three years. The assessment includes a thorough evaluation of resources, materials, activities, and handouts. Methodologies for assessment include a reading of the current curriculum, review of the most current literature on the subject, review of trainer and trainee evaluations, and any other written input available through VCU-VISSTA. The evaluation process also includes a survey of ATC coordinators and trainers who have delivered the course. The written assessment provides findings from all sources and recommendations so that the Child Welfare Training Committee can review and provide information for revisions.

Trainee satisfaction ratings indicate VISSTA courses meet training needs. Ratings by attendees at each course are currently the most consistently available indicator of whether the training is meeting trainee needs. Table 2 indicates each course and the average rating on a scale of 1 to 5, with 5 being the highest rating.

Table 2

VISSTA Course		2002 Curriculum Rating
101	Principles of Human Services	4.02
102	Casework Process and Planning in Human Services	3.26
103	The Effects of Abuse and Neglect on Child and Adolescent Development	4.29
104	Separation and Loss in Human Service Practice	4.30
105	Family Empowerment	4.43
120	Utilization Management	4.09
121	Orientation to the CSA	3.97
122	Maintaining and Sustaining FAPTS	1.95
200	Introduction To Permanency Planning	4.35
201	Working With Foster/Adoptive Families	4.64
202	Working With Adolescents	4.48
203	Sexual Abuse	4.44
204	Intake and Investigation of Child Protective Services	4.49
205	Out-of-Family Investigations	4.43
206	Legal Principles in Child Welfare Practices	4.46
207	Sexual Abuse Investigation	4.17
208	Decision Making Around Placement Issues	4.28
209	Assessment and Service Planning	4.25
210	Working With Children in Placement	4.73
211	Special Needs Adoption	4.59
212	Most Difficult Teens	4.34
213	Behavior Management of Difficult Teens	4.47
301	Crisis Intervention	4.38
302	The Family as a System	4.80
303	Working With Children	2.85
304	Recognizing and Assessing Developmental Delay and Disability	4.49
305	Parenting Skills	4.13
308	Emotional Disorders	4.55
309	Substance Abuse	4.43
310	Family Violence	4.00
313	Time and Stress Management	4.62
315	Case Documentation	3.96
319	Child Neglect: Assessment, Intervention, and Prevention	3.81
321	Case Management of Child Sexual Abuse	4.33
322	Ethical Decision Making	3.82
323	Strategies for Change With Substance-Abusing Caregivers	3.86
324	Building Bridges: Managing Drug-Involved Children	4.76
400	Abuse and Neglect of Children with Disabilities	1.48
1002	Case Work Process/Case Planning	4.06

*Rating scale: 5 = Excellent 4 = Very good 3 = Good

VISSTA has hired a new Director of Evaluation and Education who is developing and implementing a comprehensive evaluation plan. In line with VDSS movement toward performance-based outcomes, the plan will support integrative thinking around the purposes

of training within the larger agency and community service systems. It will articulate feasible methods of assessing behavioral changes resulting form training, and will tie training to desired client- level outcomes. The Director of Evaluation and Education is serving on the national advisory committee of the National Resource Center on Child Welfare Training and Evaluation at the University of Louisville in Kentucky. This positions VISSTA well for collaborating with other national experts, enabling VISSTA to use their expertise and contribute to the national discussions on training evaluation.

Every year, VISSTA offers special events for child welfare staff in several locations around the state. In calendar year 2002, in addition to Patricia Schene, there were five training sessions with Laura Williams, a nationally recognized expert on concurrent permanency planning, who used realistic case scenarios and lively discussion to address the challenges that agencies face in the implementation of concurrent planning. By collaborating with the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), VCU-VISSTA, also provided three sessions on working with substance abusing families where there is co-occurrence of child abuse or neglect, training approximately 250 child welfare staff.

The majority of LDSS supervisors surveyed reported that on-going training is adequate. Almost 75 percent of supervisor survey respondents said that CPS on-going training is adequate, 60 percent of supervisor survey respondents indicated that on-going training for foster care workers is adequate, and almost 55 percent of supervisor survey respondents indicated that adoption workers receive adequate on-going training.

Survey findings also indicated that new worker, OASIS, policy, VISSTA, and in-house agency trainings are helpful (see Table 3) **and 80 percent of LDSS workers surveyed reported that the training offered met their needs.** LDSS workers indicated training is available; however, it is often challenging to take the time to attend trainings.

Table 3
Helpfulness of Training

Training Type	Very helpful	Helpful	Somewhat helpful	Not at all helpful
VDSS new worker foster care	28%	52%	16%	4%
VDSS new worker adoption	21%	50%	29%	0%
VDSS new worker CPS	38%	49%	13%	0%
VDSS OASIS	21%	49%	20%	10%
VDSS foster care policy	23%	49%	23%	5%
VDSS adoption policy	13%	58%	25%	4%
VDSS CPS policy	27%	49%	20%	4%
VCU-VISSTA	32%	43%	20%	5%
VDSS In-house agency training	28%	54%	18%	0%

After a comprehensive statewide effort to bring together court teams across the state in 1997 and 1998, the Court Improvement Project (CIP) has continued to provide training to court personnel and to local teams, including LDSS and their attorneys. During 2002, the CIP held 14 interdisciplinary events, including a judicial training institute and several local team sessions. These events trained approximately 700 participants. These daylong sessions addressed the procedural and evidentiary requirements of child welfare litigation and integrated a community discussion of strengths and challenges of the local court process.

A number of other entities provide training for child welfare staff on a regular basis. Several organizations offer annual training conferences that are well attended, not only by social services child welfare staff, but many other individuals who work with children and families:

- Prevent Child Abuse-Virginia held its conference entitled "Preventing Violence," in May 2002 with James Garbarino as the keynote speaker.
- Virginia One Church, One Child has offered annual conferences for 16 years, and last year there were 269 participants. In 2002 the theme was "Adoption: Committing to Leave No Child Behind."
- The Department of Criminal Justice Services (DCJS) provides several training events each year that are especially beneficial to law enforcement, CPS, Court Appointed Special Advocates (CASA), and child welfare-focused teams. They have been providing "team tune-ups" for community teams across the state for several years.
- The Office of Comprehensive Services (OCS) offers at least one annual training event in various locations to bring together the partners involved in administering the Comprehensive Services Act (CSA). In 2002, OCS had nearly 400 participants for training on children's mental health services and approximately 200 on Foster Care Prevention.
- The Training Institute of Virginians Against Domestic Violence offers training in varied locations on topics, such as "Caring for Children: Responding to the Impact of Domestic Violence on Children" and "Working with Women of Color."

2. ***Foster/Adoptive Parent and Provider Training.*** *Citing any data available to the State, discuss the effectiveness of the State's training of current and prospective foster and adoptive families and the staff of State-licensed or approved child care institutions that care for children in the State's care or responsibility that addresses the skills and knowledge base needed to carry out their duties.*

The Community Resource, Adoption and Foster Family Training (CRAFFT) program, with one central and five CRAFFT regionally based staff, assists LDSS to develop training programs to meet needs of local foster and adoptive parents. Each of Virginia's 121 LDSS is unique, with different numbers of foster/adoptive parents, geographic makeup, types of children and special needs, LDSS needs for families, schedules and techniques for training. In January 2003, VDSS implemented a revised contract with VCU-VISSTA to provide an array of foster care, adoptive and resource parent training services through CRAFFT, including:

- Identification and finalization of a uniform foster/adoptive/resource parent training curriculum;
- Methods and timeframes for disseminating the new training curriculum to LDSS;
- Identification of demographic variables to consider in developing additional training modules;
- Establishment of a needs assessment protocol to ascertain local and regional training needs;

- Development of expectations and procedures for regional training personnel in:
  - Providing training and technical assistance to LDSS
  - Serving as the liaison between the LDSS and the regional offices
- Establishment of over-all training outcomes to be achieved locally and statewide; and
- Development of evaluation tools to measure progress in achieving training outcomes.

Most of the 121 LDSS in Virginia offer foster and/or adoptive parent training, even though state law or regulation does not mandate it. There are 101 LDSS that use Title IV-E funds for adoption and foster care training. Those without the IV-E monies are generally the smallest LDSS, and provide one-on-one training for both foster and adoptive families. These 101 LDSS reported providing 1092 pre-service training sessions and 736 in-service training sessions in state fiscal year 2002. The overall sessions had well over 2,000 participants. These same LDSS reported 3,424 available resource homes and 412 families under study.

Many LDSS mandate both pre-service and in-service training for their foster/adoptive families. However, the level of training varies among LDSS due to the vast differences in LDSS size and operation. The flexibility, individuality and ability to be creative in providing training to foster/adoptive parents allows each LDSS to provide training appropriate for their area. Nearly all (95 percent) of adoption and foster care supervisors surveyed recommend statewide mandated training of foster care/pre-adoptive parents. Foster parents in focus groups also suggested a statewide mandate for training on specific topics.

LDSS supervisors surveyed reported that foster and adoptive parents receive needed training. Almost 65 percent of LDSS supervisors report at least six to 26 or more hours of pre-service training are required for pre-adoptive/foster care parents. Over 40 percent of LDSS supervisors reported requiring foster and pre-adoptive parents to attend on-going foster/pre-adoptive parent training.

Since there is no mandated curriculum, PATH, PRIDE, Eastern Michigan, and MAPP programs are used or modified to fit the needs of LDSS and their foster/adoptive parents. Many enhance basic curriculum and use agency-developed materials. Each regional CRAFFT training coordinator maintains a lending resource library for foster/adoptive families to access through their LDSS. Many LDSS in rural southwestern Virginia offer one-on-one training to families and self-study programs, including books, videos, and other materials, so families can receive training even when the weather, geography or other factors impede their ability to participate.

Virginia has had an annual foster parent training conference. This conference has been held almost every year since the early 1980s. It is a joint effort between VDSS and the foster parent association. Over 200 foster parents and local staff have attended this training event.

VISSTA training is available to foster parents at no charge. There are also numerous training or educational opportunities offered locally. A small number of formalized assessments of foster/adopt training are done. LDSS may use questionnaires/evaluations after a training series. Many use anecdotal evidence to see how successful placements are with families who received training. Most observe foster parents during training to evaluate,

participation in exercises, knowledge gained, changes in attitude, etc. A few conduct pre- and post-tests. Others conduct regular checks with the social workers to assess a family's needs for further training. In the home study process, most LDSS determine the information learned from training and supplement with additional training.

VDSS is implementing an automated system to track all training received by foster/adoptive parents. This system will provide the capability to identify training needs as well as track training received.

Training Provided to Children's Residential Staff

Virginia provides a number of training specifically designed for staff working in children's residential facilities. These include:

- Training from private vendors, colleges and universities.
- Training sponsored by VDSS Division of Licensing and the Office of Interdepartmental Regulation.
- Annual Spring Forum sponsored by the Office of Interdepartmental Regulation usually has about 125 participants. The most recent forums were entitled "Shining the Light on Documentation" and "Peaceful Intervention – Caring Safely for Angry Children and Youth."
- The Office of Interdepartmental Regulation and CPS Unit of VDSS offer training two times per year on "Out- of- Family Investigations in Residential Facilities." Approximately 55 participants per session usually come to learn about how to cooperate with CPS by reporting appropriately and/or coordinating investigations.
- The Office of Interdepartmental Regulations offers two sessions for 50 to 60 people each year on the regulations that cover the four regulatory agencies: Department of Education (DOE), Department of Mental Health, Mental Retardation, and Substance Abuse Services (MHMRSAS), Department of Juvenile Justice (DJJ), and VDSS.
- Other trainings on regulations are provided on an as-needed basis.

Regulations require staff in residential facilities to "*receive, within one calendar month, orientation and training regarding the objectives and philosophy of the facility, practices of confidentiality, other policies and procedures.*" Regulations also require facilities to develop a staff training plan, and to include CPR and First-Aid training on a ratio basis of staff to residents.

In 2002, the Division of Licensing Programs contracted with VISSTA to develop and deliver a three-day training curriculum on adoption policy for licensed child-placing agencies. The development committee consisted of staff from the Division of Licensing Programs, the Permanency Unit of the Division of Family Services, licensed child-placing agencies, and VCU-VISSTA. The curriculum was piloted in a training session in Roanoke with approximately 20 participants. A few revisions were made and the curriculum was used in a training session in the fall. Approximately 30 participants attended. As part of the training, participants received a comprehensive resource book. The Division of Licensing Programs offers this curriculum twice a year.

The Office of Interdepartmental Regulation facilitates and monitors training for child care staff in children's residential facilities. Facilities document training in individual

records and the Office of Interdepartmental Regulations monitors compliance with the regulations.

Summary

Strengths of Virginia's training system include:

- VISSTA organizational structure is well-defined so that there is input from all parts of the system into each aspect of the training.
- Trainer certification process through VISSTA is excellent.
- VISSTA training curricula are competency based and thoroughly researched.
- Management and staff are open to strengthening the VISSTA system, especially in the area of training evaluation.
- Both VDSS and VCU-VISSTA are committed to better understanding results of training in terms of both worker outcomes and client impact.
- CPS basic training is mandated.
- Licensing standards include required training for child welfare institutional staff.
- Most LDSS utilize Title IV-E or other resources to provide Foster/Adoptive parent training programs.
- A vehicle for constructive communication between predominant skills training provider (VISSTA) and policy training provider (VDSS) is well established in the Child Welfare Training Committee, Title IV-E Child Welfare Stipend Program and other training activities at schools of social work.
- The Training Director at VDSS and the Dean at VCU have broadened the scope of training and education to be provided to child welfare staff. Changes will fully involve all institutions of higher learning in the state. The volume and variety of skills training offered by varied entities in accessible locations will increase. The new training system will include curricula development and evaluation systems.
- Training provided by the Court Improvement Project of the state court system that facilitates a comprehensive knowledge of the law and court process, governing child dependency litigation, and community collaboration on permanency planning for children.

Areas for improvement include:

- Develop comprehensive training requirements for Foster Care and Adoption staff.
- Mandate training statewide for all foster/adoptive parents across the state with a delivery mechanism to support the training.
- Develop training evaluations of outcomes to determine the true impact that training is having on child welfare practice and family/child outcomes.
- Provide further assistance to local agencies in planning for the use of Title IV-E to support varied local training needs.
- Implement a uniform approach to training at the state level, training new child welfare staff in a more logical sequence.

Strategies for strengthening identified training needs include:

- Develop a mandate for pre-service training for foster and adoptive parents to include a foster care procedural guide and instructional video. Topics include steps of the foster care process, child development, role of foster parents and workers to work as a team, role of the guardian ad litem (GAL), definition of foster care terms and acronyms, discipline, separation and loss, and substance abuse. Available resource topics include concurrent planning, service plan and its meaning and use for the foster parent, understanding of court processes, hearings, and orders, foster parent as child advocate, special education process, guidance for foster parent in working with birth families, and emergency medical procedures.
- Strategies for foster/adoptive parent in-service training should also be addressed.
- Mandate basic training for foster/adoptive workers, similar to the regulation in use for CPS, in permanency regulations, which are currently being drafted for State Board of Social Services approval in the coming year.
- More effectively utilize institutions of higher education to provide training to LDSS child welfare staff. A flexible, decentralized, collaborative training delivery system involving a consortium of universities and schools throughout the state is being built on the VISSTA program at VCU.

  The system will continue to develop competency-based training that is responsive to the needs of state and local administrators and staff. It will use an adult learning model in the delivery of a progressive knowledge base at both pre-service and in-service levels. A qualitative and quantitative evaluation of the training processes and outcomes are a key component and will result in improved job performance.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

1. ***Reunification Services.*** *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.*

Virginia effectively provides services for families and children to ensure safe, successful reunification of children with their families. When out-of-home placement is necessary to ensure a child's health and safety, reunification is Virginia's highest priority. Family reunification is facilitated as quickly as possible, unless reunification is not in the best interest of the child. Local departments of social services (LDSS) in Virginia offer a multitude of services to promote and facilitate family reunification.

An abundant array of services is available to support family reunification after foster care becomes necessary. Services include in-home and out-of-home services and supports.

- *In-Home Services:* Intensive, home-based, crisis intervention services are provided for families to prepare the family for the child's return. Some of the problems addressed include substance abuse, child abuse and neglect, family violence, mental illness, emotional disturbance, and home management. Services provided include counseling (marital and family), homemaking, and parent education and skill development.
- *Parenting Services:* These services, offered in-home or out-of-home, provide information and support to families to help parents with issues of child safety, parenting skills, budgeting, nutrition, and school and community interaction.
- *Individual and Family Counseling:* Counseling services assist a parent and/or family address problems and issues that led to removal of the child.
- *Visitation:* Services that maintain family connections between parent and child in foster care are critical for successful reunification. Foster care policy indicates visitation should be supervised initially when a child comes into care because of abuse or neglect. Visits then progress to unsupervised, followed by overnight, and weekend visits.
- *Financial Management and Housing Assistance:* When unemployment, lack of budget management, or low income create stress or the inability to meet household expenses, financial management and assistance with housing can help a family maintain or obtain a home so a child can return.
- *Child Care Assistance:* Many parents need child care assistance to permit their child to return from foster care, including help in finding child care, guidance in knowing what constitutes good child care, and various types of assistance with the cost of child care.
- *Transportation:* Transportation is important for parents to attend counseling, parenting classes, court, LDSS appointments, visitations with child, or any other appointments. As an example, Patrick County is providing transportation for families in order to access services and to ensure visitation with children in out-of-town foster care placements.

To identify the services needed for children and families involved in the child welfare system, an individualized foster care service plan is developed. The individualized service plan includes needs and reunification services for the child's family, as well as services for the child, to enable the child to return home. Services may be provided by the LDSS foster care worker, service providers, community resources, school staff and/or volunteers, depending on the needs as documented in the individualized service plan.

The Comprehensive Services Act (CSA) funds reunification and other services purchased for families and children through various service providers. CSA ensures that services and funding are consistent with Virginia's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the safety and well-being of children.

Every locality participates in CSA, a unique model of collaboration and coordination. CSA provides a local interagency Community and Policy Management Team (CPMT) to develop community rules, and at least one interagency multidisciplinary team, usually referred to as the Family Assessment and Planning Team (FAPT), to review the situations of children and families who come before the team for services. FAPT assesses the strengths and needs of at-risk children and families, and determines the complement of services and funding required to meet those identified needs.

Title IV-B subpart 2, Safe and Stable Families funding, also provides funding for reunification services. These funds are allocated to each local community and utilized through the local CSA CPMT, which coordinates funding of services for reunification.

Virginia continues to improve the availability and delivery of services for children and families to reunify. Virginia is in the process of implementing renewed efforts to further improve the rate of family reunification and services. These initiatives include:

- *Concurrent Case Planning:* Virginia has worked collaboratively with the National Resource Center on Permanency Planning to more fully implement concurrent planning in Virginia. Fairfax Department of Family Services developed a training curriculum and implemented a concurrent planning model, which includes a case-specific assessment tool to determine if two goals should be pursued concurrently. Fairfax has been working with VDSS to provide training and technical assistance to other LDSS across the state until concurrent planning is fully implemented statewide.
- *Structured Decision Making:* VDSS is collaborating to implement structured decision-making tools across the continuum of child welfare. Tools will assist with risk assessment at various decision points in foster care to guide agencies in making appropriate and safe reunification plans for children.
- *Family Group Counseling:* VDSS is working with VISSTA to develop and offer a curriculum for enhancing skills in Family Group Conferencing.
- *Diligent Efforts:* State legislation in 2002 strengthened requirements that diligent efforts be made to locate a child's parents. This legislation fulfills best practice requirements to identify parents early in the process and to consult with the child's parents in the development of the foster care service plan.
- *Child Health Profiles:* VDSS is planning statewide use of the *Child Health Profile*, developed and used in Fairfax, for children in foster care to ensure comprehensive

documentation of medical needs and services and prevent disruptions in health care for the child. This health profile record will follow the child, even when the child returns to the parent.

Virginia's reunification of children with their family is almost always successful. Data indicates that when children are returned, they do not return to foster care 96.5 percent of the time within one year. Of all reunifications, 73.6 percent of Virginia's foster care children return home within 12 months of entering foster care. Although the state is just below the federal standard of 76.5 percent for reunification within 12 months, it is over five percent below the national standard of 8.6 percent for reunification disruptions.

Reunification of a child with his family is the first priority but early return of a child is not always possible. Almost 85 percent of LDSS workers surveyed indicated cooperation of the birth parents presents a major barrier to reunification while almost 55 percent of the workers reported parent's lack of employment and finances as a major barrier. Statewide focus groups suggested that family reunification may be stalled by:

- Complexity of family issues or problems, such as substance abuse, mental health problems, and/or poverty issues;
- Timeliness of service delivery due to either insufficient providers or staff resources; and
- Court procedural delays.

Court Appointed Special Advocates (CASA) also play a role in ensuring that efforts are made to reunify the child and parents. CASA programs serve 24 judicial districts in 66 localities in Virginia through the contributions of voluntary advocates. The *Code of Virginia,* § 9-173.7, directs CASA to:

- Monitor the provisions of court orders, including the provision of any foster care services, as directed by a court-approved service plan;
- Investigate the case and provide independent factual information to the court via a written report that may include recommendations for the child's welfare; and
- Assist any appointed guardian-ad-litem (GAL) to represent the child in providing effective representation of the child's needs and best interests.

In carrying out their duties to investigate the child's circumstances and to monitor compliance with court orders, CASA advocates may seek out family members and foster parents, and discuss with them the importance of participation in service planning as it serves the child's best interests.

Virginia courts use court orders for protective supervision to ensure successful reunifications and better assure child safety after reunification. The court may also direct the GAL and/or CASA to follow cases after reunification. LDSS also may provide after-care supervision.

Virginia does a good to excellent job in facilitating reunification of children with their family. According to recent surveys, 71 percent of LDSS directors, CSA coordinators, and CPMT chairs rated their community as doing excellent or good work in facilitating family reunification.

2. *Pre-placement Prevention Services.* *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide pre-placement preventive services designed to help children at risk of foster care placement remain safely with their families.*

Virginia effectively provides pre-placement prevention services to help children remain in their homes. Pre-placement prevention services are defined as any service necessary to prevent or eliminate the need for foster care.

Virginia has one of the lowest rates of children in foster care per 1,000 children in the population, demonstrating that the quality and effectiveness of pre-placement prevention services has a positive effect on children and families. Virginia has only approximately 7,000 children in foster care at any point in time, which represents about four children out of every 1,000 in child population. Virginia strives to keep its foster care rate low by strengthening intact families.

Virginia has made safety of the child paramount in all child welfare work. As a result, all child welfare policies have safety concerns and requirements as part of the child and family assessment.

Virginia has implemented reform of Child Protective Services with its Differential Response System (DRS) to allow families to be served through a family assessment response. DRS, implemented statewide in May 2002, provides a two-track response to a valid CPS complaint, either through a full investigation or a family assessment. The family assessment response is for reports where there is no immediate concern for child safety, and where the complaint is not required by law to be investigated. Family intervention focuses on service needs.

Risk and safety assessment tools are used to ensure safety and well-being of children and to ensure that children are protected from abuse and neglect. These tools provide the child protective services worker the ability to screen all cases that have reports of abuse or neglect. The results on these tools, along with investigation findings, determine the level of need and intervention for children and families.

The safety assessment tool is designed so that it can be used at any point when an assessment of safety is needed. It provides quick documentation of identified safety concerns and protective factors that balance concerns. If a child is determined to be only conditionally safe, a safety plan must be developed with the caretaker. If a child is deemed unsafe, immediate intervention to make him safe must occur and be documented.

Once the level of need is determined as documented by the safety assessment tool, families are offered prevention services. The services may be assistance such as emergency housing, transportation, food, or dental services to enable a person to get a job. They may be services such as parenting, child care, substance abuse treatment, or intensive family preservation. Regardless of what is needed, almost any service can be provided.

Family Preservation Services and Family Support Services, based on individual family needs, are available in every locality in Virginia through the Promoting Safe and Stable Families Program. Each community receives an allocation (no competition) of

funds for prevention services based upon a formula that takes into account population, numbers of court cases, child population, and children in foster care, and some other factors. Services provided in Virginia through the Safe and Stable Families Program include:

- Adoption support services (to prevent disruption)
- Assessment
- Case management
- Child care assistance
- Community education and information
- Counseling and treatment: individual
- Counseling: therapy groups
- Developmental/child enrichment child care
- Early intervention (developmental assessments and/or interventions)
- Educational/school related services
- Family violence prevention
- Financial management services
- Health/dental related services
- Housing or related assistance
- Information and referral
- Intensive in-home services
- Juvenile delinquency/violence prevention services
- Leadership and social skills training
- Mentoring
- Nutrition related services
- Parent-family resource center services
- Parenting education
- Programs for fathers (Fatherhood)
- Parenting skills training
- Respite care
- Self-help groups, e.g. anger control
- Substance abuse services
- Socialization and recreation
- Teen pregnancy prevention
- Transportation

VDSS collects each locality's community needs assessment to examine areas of need and gaps in services. The community needs assessments provide VDSS data on services provided, most utilized and effective services, the availability and disparity in services, as well as the way in which Safe and Stable Families funds are utilized.

LDSS reported serving 98,539 families under the Safe and Stable Families Program; over 99 percent of these families were not referred to child protective services. These families received services from April 2001 through March 2002. During that period of service delivery, 156 child abuse or neglect complaints were made on these families.

Through CSA, FAPT or local multidisciplinary teams serve families and children at risk of foster care placement. In 2002, LDSS expended over $15 million in CSA-funded services from providers to prevent foster care placement. VDSS policy limits such services

to a six-month period, although extensions are permitted. The FAPT or team reviews each case prior to and after services are provided to guarantee that the services are appropriate and sufficient to meet the child and family needs. Key services include:

- *In-home Services:* Parents receive intensive services in the home, including instruction and mentoring. As an example, Wythe County provides intensive in-home services that are time-limited, with small caseloads per worker in order to ensure a significant investment of time and skills on behalf of families whose kids are experiencing a high degree of risk for foster care.
- *Parent Support:* Services (in-home or out-of-home) provide information and support to families to help parents with issues of child safety, parenting skills, budgeting, nutrition, housing, child care, employment, domestic violence, and school and community interaction. The goal is to prevent foster care while maintaining child safety. As an example, the Charlottesville/Albemarle Child Health Investment Project (CHIP), a partnership of the Thomas Jefferson Health Department and the Monticello Area Community Action agency, focuses on assisting the family in identification and appropriate uses of community resources that improve the family's overall health. Services include home visiting, parent education, better parenting skills, and better health for the child and family, using a team approach of a public health nurse and a family support worker.
- *Individual and Family Counseling:* Counseling services provide an individual and/or family assistance with specific needs to prevent family breakup and placement into foster care. As an example, Giles county public schools is providing individual and family counseling to middle and secondary students who have been unsuccessful in developing appropriate personal relationships due to ineffective coping and anger management strategies. Parents of these students also receive counseling, as appropriate.
- *Financial Management and Housing Assistance:* When unemployment, budget management, or home management become a major dysfunction, very often the children become at risk of foster care simply because the parents cannot manage their money, or do not have enough to cover family expenses. Financial management counseling can teach money management and help with unemployment. Housing assistance can help a family find or maintain housing.
- *Child Care Assistance:* Some parents need child care assistance while they focus on other issues affecting them and their children.
- *Youth Mentoring:* One-to-one pairing of an at-risk youth and an adult who, along with parents, provides the youth with support, counsel, friendship, reinforcement, and a constructive example.

Virginia has 37 Healthy Families prevention initiatives that offer new parents opportunities and education to protect their children from child abuse, neglect, disease, and harm. A centralized Health Families office coordinates these initiatives, providing technical assistance, a statewide data collection and evaluation system, and information about program improvements. Temporary Assistance to Needy Families (TANF) and Title IV-B, subpart 2 funds are used to fund these programs.

VDSS funds 50 treatment grants providing direct treatment services to child victims of abuse and neglect and/or to adults who were sexually abused as children. The

types of services provided include crisis intervention services; individual or group therapy for child victims; emergency shelter; Court Appointed Special Advocates (CASA); support services such as self-help groups, and respite or therapeutic day care; and court-related services that assist the child victim in participating in criminal justice proceedings.

VDSS funds five Child Advocacy Centers to increase the substantiation and prosecution of child abuse/neglect cases, decrease victim trauma, provide more efficient and effective use of limited resources, and enhance service delivery. These projects provide coordination of judicial, social services, medical, and mental health treatment services for victims of child abuse and neglect.

To raise public awareness about child sexual abuse, VDSS, in collaboration with Theatre IV, developed a play entitled "Hugs and Kisses." This play, a methodology unique to Virginia, is used to inform children about the difference in "good touching" and "bad touching." It is performed in schools and various other mediums across the state.

Through the Virginia Information and Referral Hotline, information and referrals are available for families and the community to assist in seeking services and assistance. During the period of July 1, 2001 through June 30, 2002, the hotline handled over 149,478 inquiries. The top service information and referral needs were: mental health (31 percent); housing (15 percent); basic immediate needs (14 percent) financial assistance (12 percent); and health/medical (10 percent).

Virginia continues to improve efforts to prevent foster care placement and services.

- *Structured Decision Making:* VDSS is collaborating to implement structured decision-making tools across the continuum of child welfare. Tools to assist with risk assessment for pre-placement prevention and CPS involvement are expected to assist agencies in making appropriate and safe plans for children.
- *Family Group Conferencing:* VDSS is working with VCU/VISSTA to develop and offer a curriculum for enhancing skills in Family Group Conferencing to protect children and strengthen families.
- VDSS is collaborating on a Memorandum of Understanding (MOU) with the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) to improve policy integration, services coordination, and program outcomes where there is co-occurrence of family substance abuse or mental health issues in child welfare cases. The MOU will serve as a template for local collaborative policies and initiatives.

While Virginia has good prevention services, service provision to prevent foster care placement is hampered in some areas of the state. Limited service availability in certain parts of the state, agency waiting lists for services, and insufficient transportation to access services, especially in rural areas impact services for families. Focus groups identified mental health and substance abuse services as examples.

Virginia does a good job in preventing the need for foster care placement. Almost 60 percent of CSA coordinators, CPMT chairpersons, and LDSS directors who responded to surveys reported that services available in the community were good or excellent in preventing foster care/out-of-home placements. Almost 70 percent of LDSS supervisors

and workers indicated that services provided by the agency were adequate to more than adequate.

3. Adoption and Other Permanency Services. *Discuss how effective the State has been in meeting the title IV-B State plan requirements to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.*

When family reunification is not possible, services to achieve other permanent living arrangements are effectively provided. Virginia's highest priority and first focus of services is to reunify children with their families. However, in instances where all measures have been exhausted in an attempt to achieve family reunification, Virginia aims to achieve a permanent living arrangement that is in the best interest of the child. The alternative permanency goals in order of preference are: placement with a relative, adoption, permanent foster care, independent living, and another planned permanent living arrangement. Virginia does not have legal guardianship as an option for children in foster care.

Relative Placement

Placement with a relative is the second priority goal if a child is unable to return home. The same array of services that are provided for reunification are also available for relative placements. Eighty-three percent of LDSS supervisors surveyed indicated that the LDSS usually to always pursues placement with a relative of the child when the foster care child is unable to return home.

In Virginia, relative foster home placements are sought with subsequent transfer of custody. The number of children placed with a relative has increased by 30 percent over three years. State legislation in 2000 increased emphasis on relative placements, both as an alternative to foster care and a placement for children in care. The legislation requires additional assessment of relatives to assure child safety. Legislation in 2002 further added to safety by requiring criminal and CPS background checks on anyone with whom a LDSS plans to place a child, including a relative. Relatives who adopt a foster care child are eligible for adoption assistance. See adoption services in this section for more details on subsidies.

Services are available in Virginia to promote relative foster home placements. The most frequently used services offered to encourage and maintain relative foster home placements are similar to family reunification services, including in-home services and on-going contact, particularly with grandparents.

Virginia does not have a formal kinship care program; relatives of a child can become eligible for TANF for the child. The amount of assistance available under TANF is significantly less than a foster home payment. Therefore, transitioning from a relative foster home with foster care payments to a "child only" TANF case can be a financial disincentive. Virginia is currently examining kinship care options.

Virginia's efforts to improve relative foster home placements include:

- Concurrent case planning
- Structured decision making
- Family group counseling
- Formalized kinship care program

Adoption Services

Each of the 121 LDSS is mandated to provide adoption services for children in the foster care system who are legally available for adoption and who are not able to be placed with relatives. Children in custody of LDSS receive services to place them in appropriate permanent homes. Adoption services are available to families wishing to adopt on a statewide basis, although some may elect to pay for home studies and supervision from licensed child-placing agencies.

LDSS found permanent adoptive homes for 496 children who were in the foster care system in federal fiscal year 2001. Virginia has been awarded a bonus for increasing the number of children adopted from state-supervised foster care because the state surpassed its goal of 321 adoptions. The U.S. Department of Health and Human Services (HHS) asked each state to develop a set of goals to double the number of adoptions over a five-year period as part of the Adoption 2002 and Adoption Initiative Program. Virginia was one of 23 states to receive a bonus, and it received the eighth largest bonus awarded by HHS in 2001.

Virginia has one of the most inclusive adoption assistance programs in the nation. Adoption assistance, also known as subsidy, is available for families who adopt children with special needs. A total of 4,803 children received adoption assistance in Virginia in 2002.

Adoption assistance facilitates the adoption of children who are considered difficult to place because of their special needs. To be eligible, children must meet Virginia's special needs criteria. Once determined eligible, children may receive a federally funded subsidy under Title IV-E or a state-funded subsidy. LDSS determine eligibility for adoption assistance based on state promulgated policy and federal laws. Adoption subsidy is available in three payment types:

- Monthly maintenance payments for the child's daily living needs;
- Special service payments to meet the special therapeutic needs of the child; and
- Reimbursement to adoptive parents for the non-recurring costs of adoption, not to exceed $2,000 per child per placement.

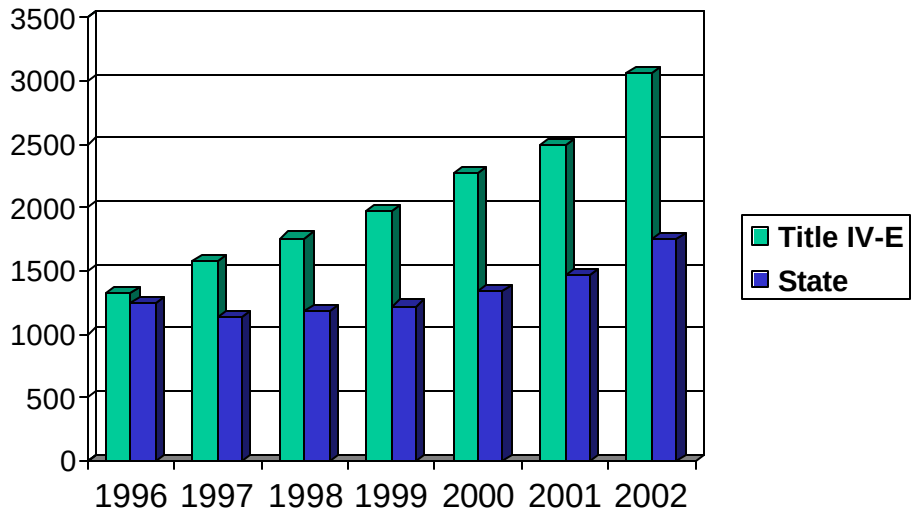
Virginia's adoption assistance program has many unique elements.

- Payments for residential treatment are an allowable expense.
- Children adopted by their foster parents may receive the same level of services and payments that would have been received had the child remained in foster care.

- Expenses for Title IV-E children that exceed Medicaid limits may be paid from the state administered adoption assistance program.
- Services for Title IV-E children that are not covered by Medicaid may be covered through the state administered adoption assistance program.
- Children not eligible for Title IV-E are eligible for the state administered adoption assistance program on the basis of educational delays.
- Children who were adopted with adoption assistance are eligible for community college tuition grants.

A total of 4,803 children received adoption assistance in June 2002. Of these, 3,057 children received Title IV-E Adoption Assistance and 1,746 children received State Adoption Assistance. Program expenditures totaled over $31 million. Of this amount, $18 million was expended for the Title IV-E Adoption Assistance program and over $13 million was expended for the State Adoption Assistance program. The trend in numbers of children receiving assistance over seven years reflects significant growth in adoption assistance, particularly Title IV-E (see Figure 1).

Figure 1
ADOPTION TREND DATA



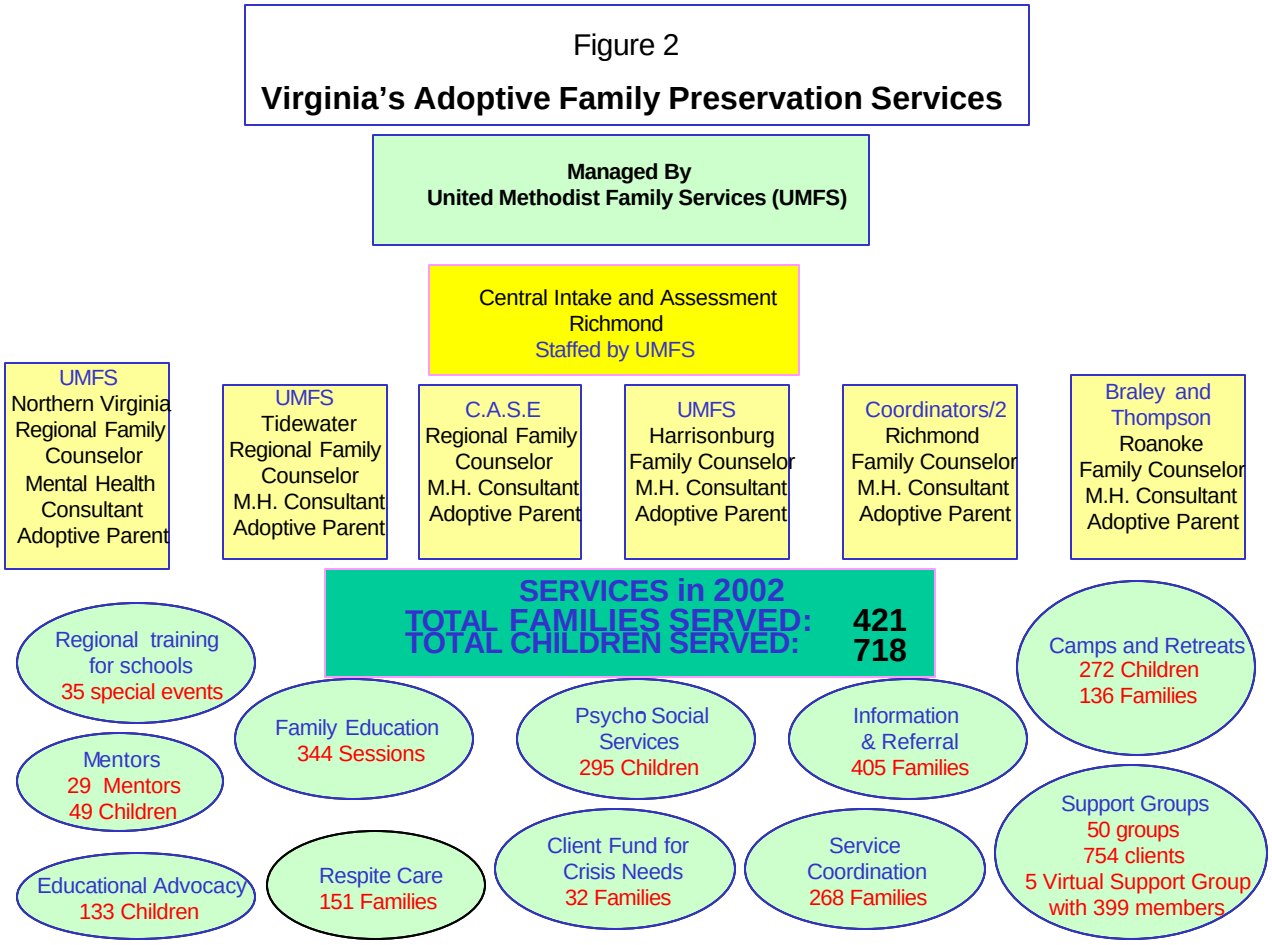
LDSS submit Adoption Progress Reports to court for each child within six months after termination of parental rights and every six months thereafter until the adoption is final. The report documents reasonable efforts to achieve adoption for the child in foster care and educates the juvenile judge about services that need to be provided to achieve adoption.

In addition to adoption subsidy, Virginia also has adoption family preservation services. Virginia implemented a statewide Adoptive Family Preservation Services System in 2000. VDSS contracted with a private agency that collaborates with other private agencies to provide services for families who have adopted. Currently, seven teams of

adoption practitioners are available to families who request services. The organizational chart, services provided, and number of children served are reflected in Figure 2.

Figure 2

Virginia's Adoptive Family Preservation Services



The Adoptive Family Preservation program is readily accessible to families in most areas of the state. The area in the southeast part of the state, mainly in the Danville-Emporia area, is served by the Central Virginia Team, which is not nearby. Therefore, that area of the state is not as easy for families to access services, or for team members to visit families in that area, as the rest of the state.

Virginia continues to initiate efforts to improve the rate of adoption and services.

- *Adoption Summit:* An adoption summit in June 2002 solicited stakeholder recommendations for program improvements. Over 100 stakeholders participated in this summit. Many recommendations from the summit have already been incorporated into the adoption program and other long-term projects are in process.

- *Legal Changes:* Legal changes made to promote more timely adoptions include changes in the timeframe from six to three months for abandoned children and comparable grounds for expedited termination of parental rights, and not having to make reasonable efforts to return the child home.

- *Adoption Saturday Celebrations:* Adoption Saturday Celebration events offer the community a way to support families created through adoption. Through Adoption Saturday Celebrations, the court system and LDSS collaborate to enhance and celebrate adoptions. The event involves the media and the community; therefore, the public can learn about waiting children, child abuse and neglect, foster care, and adoption.

Virginia does a good to excellent job at facilitating adoptions according to survey results. Almost 85 percent of CSA coordinators, CPMT chairpersons and LDSS directors rated their community as good to excellent in facilitating adoptions.

Permanent Foster Care

Children placed in a permanent foster home can receive the same services available to other children in foster care. Permanent foster parents have legal authority to consent to surgery, military service, marriage, application for driver's license, college admission, and other such parental consent.

Effective July 2002, the *Code of Virginia* was amended to require annual court hearings of children in Permanent Foster Care. These hearings explore:

- Appropriateness of the services being provided to the child and permanent foster parents
- Any change in circumstances since the child was placed in permanent foster care
- Other factors as the court deems proper, such as re-consideration of adoption.

Once the court orders permanent foster care in a particular home, the child can only be removed from that home through court order or child protective services finding that necessitates removal. Federal law defines legal guardianship as "a judicially created relationship between child and caretaker which is intended to be permanent and self-sustaining as evidenced by the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decisionmaking" (SEC. 475. [42 U.S.C. 675]). Permanent foster care is a judicially created relationship that is intended to be permanent. Permanent foster parents have rights and legal authority to consent to surgery, military service, marriage, application for driver's license, college admission, and other such parental consent. The key difference between permanent foster care and legal guardianship is that custody remains with the LDSS, rather than the foster parents. Permanent foster care permits the foster parent to continue to receive financial support for the child. Virginia does not have legal guardianship.

Permanent foster care is intended only for a child for whom the goals of return home, placement with a relative, and adoption have been eliminated. The child should have a positive relationship with the specific foster parent before the goal is selected. Further, foster care policy requires that the LDSS only seek permanent foster care for children age 12 or over, unless the regional office has been consulted.

Focus groups pointed out that the goal of permanent foster care is the permanency option for closing the gap between termination of parental rights and adoption. Participants in the focus groups indicated that permanent foster care is an appropriate goal

for many teenagers. The goal of adoption is often times ruled out because a teen is not willing to have his parent's rights terminated and/or to be adopted, yet he wants a permanent family.

Independent Living

Since a number of children develop into young adults in the foster care system, Virginia provides services to prepare them for independence through its Independent Living Program (ILP). The Chafee Foster Care Independent Living Program (CFCIP) provides funding for Virginia's ILP, which serves current and former foster care youth, ages 16 to 21. Virginia has about 2,200 foster care children between the ages of 16 to 21. Of that number, about 1,860 foster care children received independent living services during fiscal year 2002. Youth eligible for ILP but not receiving services include youth who are institutionalized, refusing services, or on runaway status.

VDSS allocates CFCIP funding for services into basic allocations and special initiatives. The basic allocation provides each LDSS with funding based on each locality's average number of foster care youth in care, ages 13 and older. A total of 109 LDSS participated in CFCIP during fiscal year 2002, an increase of three additional LDSS from the previous fiscal year.

Services provided to youth are identified in an individualized transitional living plan, developed in collaboration with each youth. Services provided through basic allocation funding include:

- Daily living skills, including basic household skills like cooking and laundry, learning to manage money, and keeping a checkbook
- Vocational training
- Employment support, including skills and leads to find a job
- Education services, including assistance with school work and college tuition
- Counseling
- Integration and coordination of services
- Outreach services
- Resource coordination and support

Various independent living services are available. According to survey respondents, health/hygiene instruction, budget/money management, mental health counseling, and mentoring are among the most adequate services available**.** About half of LDSS workers indicated that these services are adequate.

ILP Special Initiative Program funds 22 innovative independent living projects in Virginia. Projects include job readiness programs, mentoring and educational services, youth retreats, youth conferences, Virginia Youth Advisory Council (VA-YAC) activities, VA-YAC newsletter, and Virginia's independent living trust fund to assist with college tuition.

Virginia continues to improve ILP services and supports for older youth.

- *Community college tuition waiver:* Virginia's community colleges provide a tuition waiver for former foster care youth who graduated from high school or obtained a GED while in foster care. No age limit exists for the waiver.
- *Independent living trust fund:* Virginia maintains an independent living trust fund to support young adults with college costs.
- *Independent Living Coordinators Network:* A professional network in each region comprised of local ILP coordinators from LDSS and representatives of the public and private sectors coordinate and provide comprehensive services and resources to older youth.
- *Regional initiatives:* Virginia supports special efforts and ILP activities for foster care youth on a regional level. Activities, retreats, and conferences are coordinated primarily by the Regional Independent Living Coordinators Networks.
- *Americorps:* Virginia is currently exploring the possibility of older youth becoming Americorps members and function as volunteer coordinators. The volunteers will assist with the development of regional level Youth Advisory Councils and work with the Independent Living Coordinators Networks. In return, the youth will receive a living allowance and funds for their education, as well as gain knowledge and leadership skills.
- *Improving housing resources:* Virginia ILP staff is collaborating with VDSS Adult Services staff to plan for foster care youth with disabilities transitioning out of foster care into Adult Foster Care (AFC). The AFC Program provides financial assistance for recipients of Supplemental Security Income (SSI) and certain other individuals with disabilities. A group of older foster care youth would meet the criteria for AFC as they age out of the foster care system.
- *Resource library:* Virginia's ILP staff provides a resource library for local ILP Coordinators. Local coordinators have the opportunity to borrow organized collections of educational and recreational library materials related to older youth.
- *Virginia's Intercommunity Transition Council (VITC):* VITC is an interagency initiative that ensures effective coordination of transition services for youth and young adults with disabilities, thereby increasing the accessibility, availability, and quality of transition services for youth and young adults with disabilities across the Commonwealth of Virginia.

VDSS monitors ILP service delivery. To ensure compliance and delivery of services, LDSS are mandated to submit quarterly and annual reports on services and youth served through programs funded by basic allocation and special initiative funding. VDSS staff analyzes these reports to assess program improvements. ILP reports are based on the draft federal outcomes for ILP.

Another Planned Permanent Living Arrangement

In July 2000, Virginia implemented a new goal, Another Planned Permanent Living Arrangement (APPLA), to provide residential services for children with severe handicapping conditions. Residential services are comprehensive to meet the needs of children in foster care who have severe chronic emotional, physical, or neurological disabling conditions and requires long-term residential treatment.

4. *Statewide Service Accessibility.* *Describe the extent to which all the services in items 1-3 above are accessible to families and children on a statewide basis.*

In Virginia, Child Protective Services, Foster Care Services, Family Preservation, and Adoption Services are mandated services in all 121 LDSS. These services are available and accessible to every child and family in Virginia. LDSS are located in 121 communities throughout Virginia. Virginia's locally administered child welfare system provides a system that engages communities in meeting local family and children's service needs.

Services through CSA are available in each community. Local CPMT and FAPT or other multidisciplinary teams coordinate and facilitate delivery of services for children and families in need through a child-specific, family-centered approach. Each local team assesses child and family service needs, and authorizes appropriate purchased services. LDSS must utilize local funds to match CSA allocated funding to obtain needed services. Although funds are allocated to each community and local match amounts are based on community ability to pay, limitations on local funding resources can influence the level of services provided across various localities.

Surveys administered statewide revealed that many services are available to at-risk families and children, particularly emergency food/clothing, mental health, health and dental services, intervention/prevention and early intervention services. The most serious barriers to accessing services in the community, as indicated by surveys, include limited public (53 percent) and personal (40 percent) transportation, distance to service providers (27 percent), cost of services (19 percent) and lack of interest in services by family (17 percent). Table 1 displays survey results indicating availability and effectiveness of services.

Table 1: **Services (325 Respondents)**	**Yes, service available**	**Very Effective**	**Effective**	**Somewhat Effective**	**Not Effective**
Subsidized day care	93%	19%	46%	32%	3%
Financial Management	64%	4%	21%	55%	20%
Housing Subsidy	83%	6%	30%	41%	23%
Emergency shelter	69%	10%	30%	46%	14%
Emergency food, clothing or other needs	97%	17%	40%	37%	6%
Transportation	67%	5%	18%	41%	36%
Mental health services	96%	4%	23%	47%	26%
Health/dental	93%	4%	35%	45%	16%
Employment/training	93%	9%	36%	44%	11%
Family resource center	53%	6%	43%	40%	11%
Parenting education	88%	9%	31%	43%	17%
Intervention/prevention services	94%	12%	32%	42%	14%
Life/social skills	61%	5%	31%	47%	17%
Respite care	66%	6%	31%	47%	16%
Anger management	81%	3%	25%	55%	17%
Early intervention	92%	13%	43%	36%	8%
Teen Pregnancy	80%	8%	24%	51%	17%
Delinquency/violence	81%	5%	19%	54%	22%
Domestic Violence	90%	7%	28%	53%	12%
Substance Abuse	90%	3%	16%	50%	31%

Focus group participants identified challenges to finding available and accessible services.

- Services available in some rural areas are difficult to access.
- Transportation to access available services can be problematic.
- Budget constraints limit the ability of local communities to fully address child and family needs.
- In some localities, high caseloads and social worker turnover influence the extent of services for children and families.
- Limited medical care providers, particularly dentists, willing to accept Medicaid delay medical and dental care for children and families.

Several studies in Virginia identified gaps in the availability and accessibility of services across the state. Where feasible, Virginia is initiating efforts to address service gaps and needs identified in these findings, although significant state budget constraints create challenges.

- "Youth with Emotional Disturbance Requiring Out-of-Home Treatment" (House Document #23, Final Report of the Virginia Commission on Youth, 2002) identified that although there are acute psychiatric beds available (approximately 461) and long-term psychiatric residential beds available (approximately 1,810), most are concentrated in urban and suburban areas. Services were limited for young children and adolescent females. Main reasons why children needing out-of-home care are not able to get it:
  - Service isn't available (29 percent of cases)
  - No funds available for the service (33 percent)
  - Child did not meet criteria so no funding is available (32 percent)

  Specific services identified as needed but not always available are:
  - Facilities for juveniles with aggressive behaviors
  - Crisis stabilization centers
  - Sex offender treatment facilities
  - Transitional facilities
  - Facilities for children with multiple disabilities
  - Transition services (from child to adult services)
  - Therapeutic day treatment services
  - Family support services

  The report noted that it would take significant funding to cover all the needed services. It did mention Medicaid as a possible resource to use for service and program expansion.

- "Integrated Policy and Plan to Improve Access to Mental Health, Mental Retardation and Substance Abuse Services for Children and Adolescents" provides a window into the mental health service gaps in Virginia. Services are not uniformly available throughout the state.
  - Medicaid reimbursable mental health services are not available statewide despite a federal requirement that recipients have equal access to services covered by Medicaid.

- A lack of community-based residential services for children with substance abuse, mental health, or mental retardation needs exits.
- Waiting lists for services for children who are severely emotionally disturbed/at risk or needing substance abuse services exist.
- Limited programs for children with dual diagnoses.
- Transitional services for 19 to 22 year olds aging out of the system are needed.

- "Kinship Care" (2000 Senate Document #23, Report of the Virginia Commission on Youth) reported that children in formal kinship care arrangements (foster care) appeared to receive services consistent with identified needs at a higher rate than did those children in informal arrangements (informally placed with a relative). Most children in relative foster care who identified counseling and child care as needs also appeared to be receiving those services. While 38 percent of the informal kinship caregivers identified the need for counseling or child care for their minor kin, only 14 percent were receiving these services.

- "Final Report on Substance Exposed Newborns" (June 2001) describes the types of social services, health care services, and substance abuse treatment services needed and utilized by substance exposed newborns and their mothers**.** The report found that postpartum, substance using women need intensive outreach by mental health Community Service Boards (CSB) to locate and engage them in treatment. Although pregnant, substance using women are a priority population at CSBs, only 58 percent of those women referred to CSBs received substance use screening. Substance use by pregnant and postpartum women present increased developmental, health, and safety risks for their children.

In addition to improving existing services and implementing new services, Virginia is also committed to meeting the cultural and language needs of children and families. In many areas of the state, multiple languages are spoken, so service needs are met in a variety of ways. Several LDSS hire persons native to languages and cultures present in their community. Other LDSS have hired persons who are fluent in one or more languages of the community. Where appropriate, LDSS provides written materials, posters, and/or radio and television spots to reach people in non-English situations. A number of providers in Virginia offer services in non-English languages. Translation services are generally available throughout the state. VDSS also provides materials in Spanish.

Virginia does not contract out its child welfare services; oversight and responsibility remain with LDSS case workers, even if some aspects of services are purchased through private providers. Since Virginia is a locally administered state, LDSS staff are county or city employees. Local staffing and funding decisions impact the size of caseloads per worker. Although VDSS has conducted various staffing and workload studies over the years, local child welfare caseloads vary by LDSS. In 1998, VDSS conducted a Foster Care and Adoption Staffing Study for the General Assembly, which resulted in funding for average caseloads of 15 per LDSS worker.

Social worker and foster parent focus groups identified caseloads and staff turnover as challenges in providing consistent services to families and children. Focus group participants indicated that social workers cannot do everything when they have high caseloads and paperwork demands. In some communities, LDSS workers have smaller caseloads that permit more intense service delivery and frequent contacts with families and

children. Participants recommended that caseloads be reduced to allow social workers to have adequate time to spend with families, children, foster parents and service providers. Some LDSS have been challenged by staff turnover, especially in the foster care program, due to stress of meeting requirements and paperwork demands. Youth focus groups indicated that staff turnover can result in children being assigned to several social workers.

VDSS Reorganization

In its efforts to improve permanency and services, VDSS has reorganized its prevention, foster care and adoption sections into one consolidated Permanency Unit. Policy specialists continue to specialize in specific areas of prevention, foster care and adoption, with cross training in each of the areas. Cross-functional project teams work collaboratively to ensure that policies and practices across the continuum are coordinated to facilitate timely achievement of permanency, regardless of the child's goal. This model of a continuum of services is intended to serve as a model for LDSS.

Summary

Strengths in Virginia's Service Array and Resource Development include:

- Virginia offers a broad range of effective services that support family reunification, family preservation, and permanency for the children involved in the child welfare system.
- Virginia's Comprehensive Services Act (CSA) Program is a model nationally for its successful development and implementation of community collaborations in facilitating services for children and families.
- The vast availability of prevention services, such as in-home services, parent support, individual/family counseling and youth mentoring, has influenced a low number of children in foster care per 1,000 children in child population.
- Virginia has focused significant efforts to improve adoptions, and results are demonstrated by increased numbers of children with finalized adoptions.

Areas of improvement include:

- Virginia's rural areas are often faced with limited service availability.
- Virginia has an insufficient supply of high quality substance abuse services, mental health services, and community-based residential treatment for children.
- More medical providers, particularly dentists, willing to accept Medicaid are needed to provide timely medical and dental care for children.

Strategies for improving Virginia's Service Array and Resource Development System:

- VDSS should provide additional technical assistance and training to less affluent LDSS to maximize revenues. Funding through established grantees, such as the Robert Wood Johnson Grant, should be sought.

- VDSS, DMAS, CSA, and DMHSAMR should coordinate a workgroup to examine ways to keep children in their home and community.
- Initiatives are underway to increase medical and dental providers accepting Medicaid for services to children in the child welfare system. DMAS should strategize options to increase the rate currently paid to dentists. DMAS is developing the medallion program as a pilot program for foster care children in order to receive medical and dental services.
- A statewide database system should be developed to integrate all state agency services to generate evidence-based research regarding program efficacy.
- Statewide community-based independent living services, particularly housing assistance, should be developed for youth who age out of foster care.
- An assessment of out-of-state residential programs that are being utilized should be done to enable services and programs to be developed in the state.
- Increase collaborations and partnerships with non-profits, churches and corporations for program development and services.
- VDSS should assess workloads of LDSS staff and efficiencies in requirements that could alleviate caseload and turnover problems.

Agency Responsiveness to Community

1. *Coordination with External Stakeholders.* *Discuss how effective the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services Plan (CFSP). In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress on the agency's goals.*

The Virginia Department of Social Services (VDSS) has been inclusive in its planning and feedback processes. Stakeholder input has been sought through various stakeholders standing committees, policy work groups, special forums, and planning sessions, and the input has been valued. The VDSS Commissioner and top administrators have held round table sessions in the regions to obtain feedback on effectiveness and input for strategic planning.

VDSS has a Statewide Stakeholders Committee, composed of 50 members, that is instrumental in examining child and family service needs and improvements. Committee membership includes advocacy groups, private providers, local and state public agencies, and foster/adoptive parents. For the 2004 Child and Family Services Plan (CFSP), VDSS staff and the committee are establishing objectives and strategies based on the state's self assessment. Information from 20 focus groups across the state and multiple stakeholder surveys are providing valuable input for plan changes.

VDSS began its consultation with communities in the early 1990s. Each community assessed its needs and goals. Funding was allocated to every locality. Program planning committees provided input and reviewed the original Child and Family Services Plan (CFSP). Specifically, Title IV-B, subpart 2, funds were allocated to the interagency Community Policy and Management Team (CPMT) so that each locality, rather than the local department of social services (LDSS), received funding to deliver services to prevent or eliminate the need for foster care. The Family Preservation and Family Support Committee at the state level originally made this decision and settled upon the current funding formula and distribution methodology. The committee consisted of local, regional, and state representatives from public and private providers, law enforcement, the faith community, parents/consumers, government, and the courts.

Virginia continues to have localities complete a community assessment, with consultation and coordination in the development of the CFSP. VDSS program managers review the CFSP in the planning stages at every major step. VDSS administrators review and approve it before it is sent to the federal Regional Office for the Department of Health and Human Services (HHS) for federal approval at the end of each June.

Stakeholder collaboration and involvement in feedback and generation of ideas for program planning have varied by program.

- Adoption and foster care have a standing program committee, including the private sector and foster/adoptive families, which is used as a sounding board for new ideas, planning, and policy changes. That committee has recently been expanded from adoption to cover all permanency areas.

- Foster care had a program work group in 2001 that focused on strategies for safe and timely reunification, as well as safety and training. These strategies were included in the plan and subsequently into policy.
- VDSS top administrators and program managers are key partners in collaborative teams under the Comprehensive Services Act (CSA) that oversee family centered service delivery and community collaborations in serving children and families. Monthly meetings of the State Executive Council (SEC), composed of state agency leaders and stakeholders, and the State Local Advisory Team (SLAT) involve state agencies, localities, providers, and parent representatives.
- Virginia's Court Improvement Project under the Office of the Supreme Court offers suggestions for statutory and policy changes, forms, and ideas for improving legal processes and services.
- In Child Protective Services (CPS), VDSS was designated as the lead agency in 1997 for the administration of the Community-Based Family Resource and Support (CBFRS) Program. Funds awarded to Virginia through this grant are used to support the development of a statewide network of community-based, prevention-focused family resource and support programs. The goal of these programs is the prevention of child abuse and neglect. This is accomplished through statewide collaboration as well as collaboration in direct service delivery. VDSS funds two statewide networking grants to strengthen and enhance support and technical assistance provided to existing network affiliates around the state and to build and maintain new community-based services.
- VDSS works in collaboration with the Virginia Family and Children's Trust Fund Board; the Virginia Partnership for People with Disabilities; the Department of Mental Health, Mental Retardation and Substance Abuse Services; the Department of Housing and Community Development; the Department of Health; the Department of Criminal Justice Services; the Department of Juvenile Justice; Prevent Child Abuse Virginia; Voices for Virginia's Children; and other state and local public and private agencies and organizations to plan and improve services in Virginia.
- VDSS staff sits on a number of interagency and multidisciplinary committees from which they receive feedback from various stakeholders. They hold public forums to obtain feedback regarding program processes and policy. Regional child welfare specialists and other state staff solicit input from LDSS to obtain line-level input for policy, protocol, and practice. Staff also meets with local coordinators/supervisors quarterly to discuss practice issues, programmatic strategies and outcomes in order to move toward developing process and best-practice models for local service delivery.
- All VDSS program regulations undergo public participation for input at various stages of development. Such input is considered as decisions are made in finalizing regulations.

Based upon feedback from surveys, focus groups, and many committee meetings, VDSS learns about the effectiveness of its programs and processes for involving community and state stakeholders in the development of the CFSP and agency operations.

2. *Service Coordination with Other Agencies.* *Discuss how effective the State has been in meeting the State plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.*

Virginia is a model of collaboration for the nation with the Comprehensive Services Act for At-Risk Youth and Families (CSA). CSA created a collaborative system of services and funding that is child centered and family focused at both the state and local levels.

At the state level, the State Executive Council (SEC) assures collaborative programmatic and fiscal policy development, and administrative oversight for services. The SEC includes state agency leaders for:

- VDSS
- Department of Education (DOE)
- Department of Health (DOH)
- Department of Mental Health, Mental Retardation, and Substance Abuse Services (MHMRSAS)
- Department of Medical Assistance Services (DMAS)
- Department of Juvenile Justice (DJJ)
- Supreme Court of Virginia

Local government, provider, and parent representatives also serve on the SEC. The SEC meets monthly.

The State Local Advisory Team (SLAT) is a second state level collaborative team. SLAT is composed of program leaders from the various state agencies, as well as local, provider, and parent representatives. SLAT meets monthly and addresses issues related to state program and fiscal policies, and their impact, making recommendations to the SEC. It also advises state agencies and localities on training and technical assistance necessary to effect services.

CSA combined eight specific funding streams into a CSA pool of funds in order to create an interagency approach to serving children and families. Combined funding allows communities the flexibility to meet the needs of their individual citizens, to identify and intervene with families and children who are at risk, and to collaborate in the process of service delivery. The eight funding streams pooled:

- VDSS funding from the Social Services Block Grant and state funding for foster care;
- Two funding sources from the Department of Juvenile Justice;
- Special education funds from the Department of Education;
- Funding from the Department of Mental Health, Mental Retardation and Substance Abuse Services; and
- Interagency Consortium funding.

CSA pool funds are allocated to local CPMTs for purchasing services, and require local match funds. CSA has an online service fee directory which lists providers' services and rates.

Although funding was pooled, limitations on available funding continue to challenge localities. Services for foster care children and their families, as well as foster care prevention families, are mandated to be funded. About two thirds of LDSS directors, CSA coordinators and CPMT chairs surveyed indicated that CSA funding usually meet the needs of children and families. Table 1 indicates survey results.

Table 1: **Frequency that funding meets needs of children and families**

Respondents	Always	Usually	Sometimes	Rarely/Never
LDSS Directors	7%	52%	35%	6%
CPMT Chairs	6%	63%	31%	0%
CSA Coordinators	8%	62%	14%	16%

CSA has enabled Virginia communities to be very effective in coordinating services and benefits for children and families. Implementation of CSA has allowed Virginia communities to become more responsive in meeting the needs of families and children. A local interagency team plans for and oversees services for the individual needs of the child and family.

Every locality must establish a Community Policy and Management Team (CPMT) in order to receive funds pursuant to the CSA. The governing body of the participating local political subdivision appoints the CPMT. Membership includes local agency heads of community service boards, juvenile court services unit, health department, local school system, and LDSS. The team should also include a representative of a private organization/association and parent representative. These teams manage the cooperative efforts in each community to better serve and maximize the use of state and community resources.

The Family Assessment and Planning Team (FAPT), or other multi-disciplinary team, in each locality has representatives from area community services board, health department, juvenile court services unit, and school division, LDSS, and a parent representative. Local communities can collaborate to form a combined FAPT, as well as a combined CPMT, for several communities.

The local Family Assessment and Planning Team (FAPT), or other multi-disciplinary team, has responsibility to assess strengths as well as needs of individual children and their families, and to determine the full compliment of services required to meet these needs. Rather than fitting families into a set array of services, services are actually designed and provided around the needs of the child and families. Using the identified strengths of the family, the team builds upon these strengths in a multi-disciplinary approach to pre-placement prevention, reunification, and other services. FAPT members are representatives of the same community agencies that serve on the CPMT, as well as a parent representative.

LDSS staff focus groups found the CSA system and FAPT review to be a very useful and beneficial process overall. Surveys indicate that about three fourths of LDSS directors, CPMT chairs, and CSA coordinators feel that FAPT collaboration among members is effective (see Table 2).

Table 2: **Collaboration among FAPT team members**				
Respondents	**Very Effective**	**Effective**	**Somewhat Effective**	**Not Effective**
LDSS Directors	28%	49%	22%	1%
CPMT Chairs	59%	32%	9%	0%
CSA Coordinators	50%	18%	32%	0%

Over 65 percent of CSA coordinators, CPMT chairpersons, and LDSS directors indicated that CSA funded services always or usually meet needs. Primary reasons why services do not always meet needs are:

- Needed services are too costly;
- Services are not adequate to meet the needs; and
- Lack of sufficient funding.

FAPT members, as well as the specific case manager, monitor services and outcomes on each specific case. Monitoring activities are guided by questions such as:

- What measurable/observable progress are the child and family making toward achieving these objectives in the individual family service plan?
- Why are the child and family making or not making progress?
- What road blocks to intervention are identified?
- What new strengths and needs are uncovered through the individual service plan?
- Are there new objectives, tasks, or contingency plans to be implemented?
- What resources are needed but not available to serve the family?

In 2002, approximately 15,000 children were served through CSA and expenditures totaled about $228 million. LDSS referred almost 60 percent of children served; 63 percent of expenditures were for families to prevent foster care and children in foster care and their families.

Because local FAPT membership represents all the major community agencies providing services, they provide a unique forum for collaborative efforts. At both initial and on-going FAPT meetings, the referring agency is required to submit documentation of assessments and on-going service plans. Members of the team not only review service recommendations but collaborate with one another on a case-by-case basis to develop a service plan that meets the child and family needs. During focus groups conducted in 2002, LDSS supervisors reported that FAPT is valuable to service planning for these reasons:

- During the early phases of a case, DSS workers were often available to obtain needed historical information on the client from FAPT members who had previously served the youth and family. Such information was extremely valuable both in completing a thorough assessment and in developing a treatment plan.
- FAPT members help DSS workers identify community resources and services.
- Frequently FAPT members are able to exert influence at their agencies to expedite intakes and service provision for children and families staffed at FAPT.

Families are an integral part of FAPT assessment and service planning efforts. Biological, long-term foster and adoptive parents must be invited to each FAPT meeting held for their child. Additionally, other adults concerned about the child, such as school teachers, relatives and family friends may participate at FAPT with the family's consent. FAPT relies on the child and family's participation in developing, short and long-term goals and strategies for reaching these specified goals. A strength-based model promotes creativity and innovation, and provides a positive vehicle for engaging families in treatment.

VDSS also collaborates in its licensing of children's residential facilities through its Interdepartmental Licensing. Four state agencies – Education, Juvenile Justice, Social Services, and Mental Health Mental Retardation and Substance Abuses Services– that have licensing authority for children's residential facilities collaborate through a set of core standards and coordinated procedures.

Many LDSS have expanded their collaborations with public and private services providers beyond the CSA process. For example:

- Norfolk DSS has developed a Norfolk Interagency Consortium that links youth and their families with community based-resources. They have also developed seven multi-agency Community Assessment Teams that develop and implement individual family service and treatment plans for at-risk youths and families.
- Hampton Department of Social Services has monthly meetings with community stakeholders to assess and evaluate program needs and development.
- Albemarle Department of Social Services developed a multidisciplinary Intermediate Review Team that assesses difficult children and provides services.

Feedback on services obtained from regional focus groups, surveys, and interviews indicate that, although the quality of services provided and interagency collaboration are good, some problems exist. Limitations on funding may drive decisions. Requirements for utilization management have created significant administrative burdens. Data on service effectiveness and outcomes is limited. CSA has recently undergone study by the Secretary of Health and Human Resources, with resulting recommendations on automation, funding, state level structure, and improvements in outcomes to be forthcoming.

At least half of all respondents to surveys indicated that collaborations between LDSS and other community agencies are effective or very effective (see Table 3). Respondents included CMPT chairs, CSA coordinators, office on youth representatives, and LDSS directors and supervisors.

Table 3: **Collaboration between LDSS and others**

LDSS and . . .	Very Effective	Effective	Somewhat Effective	Not Effective
Local schools	17%	41%	39%	3%
Court services	13%	43%	34%	10%
Law enforcement	25%	47%	26%	2%
Community services board	13%	31%	49%	7%
Juvenile justice	14%	39%	40%	7%
Residential facilities	12%	45%	40%	3%

VDSS continues to be an integral part of Virginia's Court Improvement Program (CIP) under the Supreme Court of Virginia. This collaborative, cross-disciplinary approach has successfully directed and coordinated efforts to improve court processes and practices in child welfare cases. The objective of CIP efforts is to advance the expedited placement of foster care children in safe, permanent homes and to promote the well-being of children. Stakeholder partners include juvenile court judges, clerks of court, LDSS and their counsel, private child-placing agencies, State Attorney General representative, Court Appointed Special Advocate Programs, and guardians ad litem (GAL) for children.

VDSS has several Memorandum of Understanding (MOU) with other state agencies related to child welfare. An agreement with the Department of Education addresses reporting and handling reports of child abuse and neglect when school personnel are the subject of the reports. This statewide agreement contains recommended procedures for LDSS and school divisions to replicate. An agreement with the Department of Medical Assistance Services addresses medical coverage for foster care and adopted children, among other topics. One agreement to improve policy integration, services coordination, and program outcomes where there is co-occurrence of family substance abuse or mental health issues in child welfare cases is under negotiation with the Department of Mental Health, Mental Retardation, and Substance Abuse Services. The MOU will serve as a template for local collaborative policies and initiatives.

3. ***Contracts with Other Agencies.*** *Does the agency have any agreements in place with other public or private agencies or contracts, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State plan requirements or other program requirements and accurate eligibility determinations made, where applicable?*

Virginia's LDSS maintain responsibility for child protective services (CPS) investigations, foster care, and adoptions. Virginia does not contract for total management of these programs or segment of children and families.

With a locally administered system, LDSS enter into many service agreements that are client specific to obtain services through providers that children and families need. These agreements are generally child and family specific, and monitored by LDSS social workers. Services are evaluated at the local level, often through on-site observation, review of reports, and feedback from children, families, and stakeholders.

VDSS has state level agreements, such as 15 adoption contracts with private child-placing agencies. One example is the post adoption services contract with a private agency under Title IV-B. A number of the adoption contracts are establishing partnerships between LDSS and private agencies. Other contracts such as 37 Healthy Families contracts are supported through other funding. Such agreements are monitored through VDSS contract managers.

VDSS also maintains cooperative agreements/contracts under Title IV-E with external public and private agencies for administrative support (case management and other allowable activities) for children deemed to be eligible for IV-E and for children deemed to be reasonable candidates for out-of-home placement. The work performed

under these agreements is managed by VDSS employees who act as project managers and who:

- Provide initial training and technical assistance;
- Oversee periodic reports;
- Monitor for program compliance;
- Assess on-site audits/reviews of financial claims and related case files;
- Discuss with the contractor the strengths and challenges of the project;
- Develop improvement plans as needed;
- Provide subsequent follow-up to ensure responsiveness; and
- Review contracts annually or amend as needed during the year.

Virginia does not contract out for Title IV-E or Medicaid eligibility determinations. These determinations for children in foster care placements are conducted by LDSS.

Contracted agencies and localities are responsible for service delivery. Annual contracts are amended upon request from the contractor on an as-needed basis. Contracts are monitored through required community needs assessments, quarterly and annual narrative and statistical reports, contract desk audits, and through on-site monitoring and technical assistance visits.

4. *Compliance with Indian Child Welfare Act.* *Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and ensuring compliance with the Indian Child Welfare Act.*

Virginia has no federally recognized tribes, although eight state-recognized tribes exist. The eight tribes are: the Nansemond Indian Nation, the Rappahannock Indian Nation, the Pamunkey Indian Nation, the Eastern Chickahominy Indian Nation, the Chickahominy Indian Nation, the Upper Mattaponi Indian Nation, the Monacan Indian Nation, and the Mattaponi Indian Nation. Six of these tribes are seeking federal recognition.

In order to ensure that all Native American rights are recognized, a Memorandum of Understanding (MOU) between the Virginia Council on Indians (representing the eight nations) and VDSS is in process. The MOU governs the activities that both parties will take to ensure that Indian tribe connections are maintained, and children are protected from harm and have a permanent home as soon as possible. Guided by the MOU, every child would be screened to determine if an Indian connection exists. An Indian parent may opt out of the process if desired.

Virginia's data indicate that, as of December 2002, Virginia had 10 children in foster care with American Indian/Native Alaskan heritage.

Each program - CPS, foster care and adoption - has specific policy to ensure an appropriate procedural response when addressing Native American children and children with Alaskan Eskimo heritage in the child welfare system. CPS policy advises that all children who have Native American or Alaskan Eskimo heritage may be subject to the Indian Child Welfare Act. In the event a Native American child is in imminent danger and does not live on a recognized reservation, the CPS worker has the authority to exercise emergency removal of the child. LDSS must immediately contact the CPS Unit in the

Division of Family Services before taking any action to place Native American children. LDSS must also immediately contact the Bureau of Indian Affairs.

Foster care and adoption policy stipulates that Native American children and children of Alaskan Eskimo heritage are subject to the Indian Child Welfare Act. If a LDSS suspects or knows that a Native American child or a child of Alaskan Eskimo heritage is in foster care or about to be placed in foster care and the child belongs to a tribe located outside Virginia, the LDSS must contact the tribe and the tribal council about the child. If the child belongs to a Virginia tribe, the local court has jurisdiction.

Summary

Virginia collaborates with partners at both state and local levels, and has many strengths.

- Virginia's locally administered system with 121 LDSS facilitates local planning, collaboration, and resource development.
- Virginia's CSA is a model of collaboration for the nation. It engages key leaders and decision-makers at the state and local levels, as well as providers and parent representatives. The intent is an individualized system of planning and service delivery that is child centered and family focused. Various funding sources have been pooled.
- VDSS has engaged many stakeholders in its program planning and assessment. Its 50-member Statewide Stakeholders Committee has become an integral part of its assessment and planning processes for child and family services.

Areas that need strengthening include:

- Although only a few children in foster care are identified as Native American, improved screening needs to occur across the state. Policies address processes when children with Native American heritage are identified. However, it is possible that some families of Native American heritage have not been identified. The MOU with the Council on Indians will guide strategies for improved identification and collaboration with Virginia's Indian tribes.
- Additional support for collaborations between local schools and LDSS is needed so that schools are informed in advance when a foster care child moves out of or into the area, particularly if placement is across county lines.

Strategies for improvement include:

- Finalize the MOU with the Virginia Council on Indians and strengthen policies and practices for screening children and families for American Indian and Alaskan Native heritage.
- Continue to work with other state agencies on cooperative agreements and strategies to strengthen services for families in children in Virginia.

Foster and Adoptive Home Licensing, Approval, and Recruitment

1. ***Standards for Foster/Adoptive Homes and Residential Facilities.*** *Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes, and child care institutions in which children served by the agency are placed.*

Foster and Adoptive Homes

The Virginia Department of Social Services (VDSS) establishes and effectively maintains standards for foster and adoptive homes in Virginia. Foster and adoptive homes are approved and monitored through one of two venues: local departments of social services (LDSS) or private child-placing agencies licensed by VDSS. Virginia statute recognizes both as having authority to approve homes and place children in foster homes, adoptive homes, and independent living arrangements. Children placed by public agencies are typically those removed from their homes due to abuse and/or neglect. They often have special medical, mental or emotional needs, are school age, or are members of minority races. Children placed in the custody licensed private agencies are often younger children and healthy infants.

LDSS, under the guidance of VDSS, approve and monitor foster and adoptive homes in accordance with Virginia Administrative Code regulation "*Standards and Regulations for Agency Approved Providers.*" Foster and adoptive homes approved through public agencies are approved for a 24-month period.

Private child-placing agencies licensed by VDSS approve and monitor foster and adoptive homes in accordance with Virginia Administrative Code regulation *"Minimum Standards for Licensed Private Child-Placing Agencies."* Foster and adoptive homes approved by private child-placing agencies are approved for a 12 or 24-month period.

Virginia standards for foster and adoptive homes encompass multiple factors to ensure the health and safety of children placed in homes. Standards include, but are not limited to, the following:

- Criminal background checks;
- Child abuse and neglect clearances;
- Medical examinations and statements;
- Interviews and references; and
- Home safety.

Virginia foster and adoptive home regulatory standards are reviewed at least once every four years. Through an Executive Order issued by the Governor of Virginia, the promulgating agency must review all existing regulations at least once every four years to ensure that the regulation is essential to protect the health, safety, and welfare of citizens. The review process includes multiple opportunities for public input and considers the social, fiscal, and economic impact of the regulation. Foster and adoptive home regulatory standards for public and private agencies are currently under review and revision. Existing standards for LDSS homes have been in effect since 1985; when local approval standards

were combined under one set for multiple types of homes, including child day care and adult foster care, as well as child foster care and adoptive homes. Child-placing agency home standards were developed in 1989. A separate regulation, *Standards for Treatment Foster Care Services,* is being promulgated.

Virginia's agency approved provider standards for foster and adoptive homes comply with the Child Welfare League of America Standards for Excellence in several key areas. These areas include the requirement for statewide criminal record and child abuse/neglect records checks, interviews and references, standards of care (non-discrimination, medical care, activities, discipline, etc.), approval periods, and monitoring. The *Minimum Standards for Licensed Child-Placing Agencies* comply with the Child Welfare League of America Standards for Excellence in all areas.

Children's Residential Facilities

All children's residential facilities in Virginia are effectively licensed under the *Standards for Interdepartmental Regulation for Children's Residential Facilities.* Approximately 257 facilities are licensed or certified under this program. An exception is for six child caring institutions that do not accept public funds and remain under the *Minimum Standards for Licensed Child Caring Institutions*.

Virginia utilizes a collaborative, multi-agency approach to regulating children's residential facilities. The Virginia Departments of Education (DOE); Juvenile Justice (DJJ); Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS); and Social Services (VDSS) cooperatively regulate children's residential facilities under a single set of standards. A lead licensing agency is designated for each facility based on:

- Population served;
- Services offered;
- Qualifications of staff hired; and
- Main focus of the facility.

The four state agencies are responsible for licensing facilities based upon the population served by the facility. Of the 257 facilities:

- DMHMRSAS is the lead agency for 88 facilities that provide specialized treatment and services for the mentally ill, mentally retarded and substance abusing youth.
- DOE is the lead for 34 facilities whose main focus is educational programs for students with disabilities.
- DJJ is the lead for 70 facilities that provide juvenile justice programs.
- VDSS is the lead for 65 facilities, referred to in *Code of Virginia* as child caring institutions, which provide full-time care, protection, and guidance to children separated from their parents.

Three Departments apply additional module standards for specific programs and children's residential facility Interdepartmental Regulations, as follows:

- DMHMRSAS – Mandatory Certification/Licensure Standards for Treatment Programs for Residential facilities for Children.

- DOE – Regulations Governing Special Education Programs for Children with Disabilities in Virginia.
- DJJ – Standards for Juvenile Residential Facilities.

The *Standards for Interdepartmental Regulation for Children's Residential Facilities* have been in effect since 1981 and have been updated several times since implementation. Like foster and adoptive home standards, residential facility standards must be formally reviewed every four years. The Office of Interdepartmental Regulation (OIR) also has the responsibility to continually review the standards. The OIR reviews all complaints that are investigated at children's' residential facilities and reviews violations to determine patterns and assess the need for training or revision to standards.

2. ***Application of Approval and Licensing Standards.*** *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to ensure that the State's licensure standards are applied equally to all foster and adoptive homes and child care institutions that serve children in the State's care or custody.*

Foster and Adoptive Homes Approved Through LDSS

Virginia has a single set of standards for foster and adoptive homes approved by LDSS. All foster and adoptive parent applicants, including relatives, are held to the *Standards and Regulations for Agency Approved Providers.* Each must have a current, approved foster or adoptive home study. One area where there are differences between LDSS is in the level of training required. The *Standards and Regulations for Agency Approved Providers* offer local flexibility by requiring foster and adoptive parents to "…attend any orientation and training required by the agency." This results in varying levels of required training among LDSS, depending on the local department of social services/agency approving the foster or adoptive parent.

The *Standards and Regulations for Agency Approved Providers* specify approval regulations relative to applications, approval period, and monitoring. Foster and adoptive parent applicants must complete an application and receive a certificate from the approving agency upon approval. Regulations require the approving LDSS to visit the home as often as necessary, but at least semi-annually. The approval period is 24 months for both foster and adoptive parents. Regulations provide for all agency approved providers, including foster and adoptive parents, the right to appeal the actions of the LDSS, except placement decisions.

Both foster and adoptive homes are included in the *Standards and Regulations for Agency Approved Providers*. Standards pertaining to criminal background child protective services and reference checks are the same for foster and adoptive homes. The standards provide consistency across foster care and adoptions, with a few exceptions, such as physical space. As part of Virginia's project to eliminate inter-jurisdictional barriers to placement (see question #5 in this section), a uniform home study for foster/adoptive parents was developed and disseminated statewide. Training has also been made available on the home study format, and several LDSS are already conducting single foster/adoptive home studies.

For state fiscal year (July 1, 2001 to June 30, 2002), 78.2 percent of all adoptees were adopted by foster parents. The remaining were adopted by families recruited specifically as adoptive parents. As part of Virginia's initiative for developing resource families (see question # 5 in this section), regulations for approving foster and adoptive homes will be standardized to eliminate differences between the two provider types.

The *Standards and Regulations for Agency Approved Providers* include a provision for foster and adoptive parents to receive a variance on a standard, if the variance does not jeopardize the safety and proper care of the child, or violate federal, state, or local laws. Requests for variances are considered by VDSS Regional Foster Care/Adoption Specialists. Regional Specialists receive such requests infrequently (two or fewer per year). Requested variances pertain most often to space and capacity standards, and are typically approved after consideration by the specialists. Variances to barrier or violent crimes, child abuse/neglect findings, or other safety standards are not approved. Survey input from LDSS supervisors confirmed that LDSS rarely or never request waivers to standards.

Foster and Adoptive Homes Approved Through Licensed, Private Child-Placing Agencies

***Minimum Standards for Private Child-Placing Agencies* are applied to all foster and adoptive homes approved through licensed, private child-placing agencies**. Private child-placing agencies can receive five possible types of licenses. These include conditional for new providers, provisional for providers who are having trouble maintaining compliance, and annual, biennial and triennial. The *Code of Virginia* mandates that VDSS monitor all licensed, private child-placing agencies semi-annually. One announced and one unannounced inspection is required. VDSS monitors private child-placing agencies and the required written documentation agencies maintain on their approved homes. Foster and adoptive homes approved through child-placing agencies are monitored by the approving private agency. The *Minimum Standards for Private Child-Placing Agencies* do not specify a schedule for monitoring homes. Each home is required by regulation to have a yearly update.

The approval process includes a completed home study addressing multiple areas. Minimum standards require the child-placing agency to complete a home study to either approve or disapprove the home. Three face-to-face interviews, including at least one visit to the home, are required for approval. Specific documents considered part of the home study include:

- Health statements;
- Financial documents;
- Criminal record and child protective services background checks;
- Sworn disclosure statement; and
- Child care plan.

The home study includes background information on the applicants, as well as verification that the residence meets minimum safety standards (i.e. working phone, ventilation, bed, closet space, study area, housekeeping). The home study has to be re-evaluated after the first 12 months and then every two years. The person completing the home study must

have at least a bachelor's degree in a human service field and one year experience providing case work services to families.

Private child-placing agencies use separate standards for approving foster and adoptive homes. While not mandated by regulation, some private child-placing agencies approve parents as "foster-to-adopt," involving a single home study process.

Children's Residential Facilities

For all children's residential facilities regulated under the *Standards for Interdepartmental Regulation of Children's Residential Facilities,* the Office of Interdepartmental Regulation (OIR) coordinator assures consistent application of standards, policies, and procedures. This assures:

- Protection of children in care;
- Integrity of the regulatory program; and
- Equity for regulated facilities.

The Coordinator also trains new regulators on how to conduct a licensing review at a children's residential facility.

Collaborative committees help to ensure that all four state agencies (DOE, DJJ, DMHMRSAS, and VDSS) are applying the standards on a consistent basis. A coordinating committee, comprised of representatives of the Deputy Commissioner level from each of the four departments, serves as the management committee. A liaison committee, comprised of the licensing managers from each of the four state agencies, is the work committee and meets monthly. An advisory committee comprised of service providers and the liaison committee members meet quarterly.

The children's residential facility licensing process begins with initial contact with the OIR. The inquirer obtains a copy of the *Interdepartmental Standards* (available on the Internet) and submits a detailed program description to the OIR. The OIR assesses the program description and, based on the assessment, assigns a lead regulatory agency for the program. The inquirer submits an application to the assigned lead regulatory agency, at which point a regulator is assigned to work with the program. An initial review, including an on-site assessment, is conducted and a license is issued or the application is denied

Four types of licenses are granted to children's residential facilities. These include a conditional license, not to exceed six months for new facilities; annual; triennial; and provisional. Table 1 indicates the break-out of facilities by license type with DOE, VDSS, DJJ and DMHMRSAS as lead agencies as of April 1, 2003.

Table 1: **License Type**	**DOE**	**VDSS**	**DJJ**	**DMHMRSAS**
Annual	3	13	2	26
Conditional	1	7	1	4
Provisional	0	3	0	3
Triennial	30	41	66	53
Total	34	64	69	86

Regulators conduct reviews at facilities according to the expiration of the license. Two annual on-site reviews are required at facilities regulated by VDSS. At least one unannounced on-site review is required to be conducted at other facilities annually. The OIR keeps an information system that tracks the expiration of all licenses of children's residential facilities. OIR sends out renewal application packets to all facilities approximately 90 days before the facility's license expires. The completed renewal application packets are returned to the lead licensing agency. The lead licensing agency schedules and conducts the licensing review.

3. ***Criminal Background Checks.*** *Citing any licensure or safety data available to the State, discuss how effective the State has been in meeting the State plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State. How does the State address safety considerations with respect to the staff of child care institutions and foster and adoptive families (if the agency has opted not to conduct criminal background clearances on foster care and adoptive families)?*

Criminal background checks, as well as child abuse and neglect central registry checks, have been an important part of regulatory standards for foster and adoptive parents and children's residential facilities for many years. These background checks are important to protect the safety of a child. These checks are also required for any adult residing in the prospective foster or adoptive home.

The federal Title IV-E foster care eligibility review in September 2001 review cited Virginia's criminal record and safety checks as a strength, demonstrating good practice. The review found criminal record checks for all foster homes in the reviewed cases to be thorough and complete. The licensing files of the child care institutions in which children were placed contained documentation that safety considerations with respect to the staff/caretakers had been addressed.

Foster and Adoptive Homes

Foster and adoptive parents approved through public agencies must not be convicted of a felony or misdemeanor which jeopardizes the safety or proper care of children. Criminal background check requirements are specified in *Standards and Regulations for Agency Approved Providers.*

State legislation enacted in July 2002 strengthened criminal background checks for foster and adoptive homes. Criminal record checks had been cited in *Code of Virginia* for many years, but had not addressed placement decisions. As a result of the new state legislation, LDSS must obtain criminal history and child abuse/neglect Central Registry background checks on anyone with whom the LDSS or licensed child-placing agency is considering placing a child on an emergency, temporary or permanent basis. This new law includes any prospective foster or adoptive parent, as well as a child's birth parent prior to reunification or a relative. Regulations have required background checks on any adult in the prospective foster/adoptive parent's home.

The new law provides that the LDSS must consider any criminal or child abuse/neglect information discovered. If a criminal and/or abuse/neglect record is found, staff consider the type and severity of the conviction and/or finding, the length of time that has passed, and the totality of all convictions and/or findings. Consideration of all criminal and abuse/neglect background information as it relates to the potential safety of a child must be the primary factor in making placement decisions. The following crimes are considered barriers to placement and are consistent with the related requirements of the Adoption and Safe Families Act (ASFA):

- Murder;
- Abduction for immoral purposes;
- Criminal sexual assault;
- Pandering;
- Obscenity offenses;
- Failing to secure medical attention for an injured child;
- Crimes against nature involving children;
- Taking indecent liberties with children;
- Abuse or neglect of children;
- Felony conviction of a crime against children, including incest;
- Felony conviction of assault and battery against a family or household member; and
- Felony convictions for physical assault or battery other than against a family or household member, or drug-related offenses within the past five years.

Foster and adoptive homes approved through licensed, private child-placing agencies must have criminal record checks and sworn disclosures for foster and adoptive parent applicants. Both the Code *of Virginia* and the regulation for *Criminal Record Checks for Child Welfare Agencies* (22 VAC 40-190-10 through 70) require criminal records checks. Requesting criminal record checks and sworn disclosures for other adults living in the home is not required but remains an option for private child-placing agencies. The *Minimum Standards for Licensed, Private Child-Placing Agencies* prohibits private child-placing agencies from approving applicants who have barrier crimes or founded child protective services complaints.

The barrier crimes list for child-placing agency foster and adoptive parents is extensive and covers many misdemeanors as well as felony convictions. Since licensed, private child-placing agencies receive the applicant's criminal record from the Virginia State Police, the agency has the option of screening for crimes other than those listed as barrier crimes. There is no provision for waivers to standards for foster and adoptive homes approved through private agencies. Private agencies have the option of obtaining FBI fingerprint checks, which screens for crimes nationwide, but are only required to complete a check of Virginia State Police records. The background check is not required for foster parents after the initial approval as long as the foster parent remains in continuous service of the agency.

Children's Residential Facilities

Children's residential facilities regulated by VDSS, DJJ, DMHMRSAS, and DOE are required to complete national criminal background investigations on certain employees and volunteers. The Sex Offender Registry is automatically checked during the criminal background investigation. As of July 1, 1994, *Code of Virginia* §63.2-1726 required all employees, volunteers and contractual service workers who are alone with children on a regular basis to submit to fingerprinting and to provide personal descriptive information to be submitted to the Virginia Criminal Records Exchange and the FBI for the purpose of obtaining a criminal history record. *Code of Virginia* §37.1-183.3 requires children's residential facilities licensed by DMHMRSAS to conduct national fingerprint background investigations on all applicants hired in any direct consumer care position on or after July 1, 1999. Facilities regulated by DJJ are required to conduct national criminal background checks by policies of the Board. DJJ can directly conduct criminal background checks on their own staff, as they are a criminal justice agency. All background investigation requests are processed through the OIR. The OIR forwards the requests to the Virginia State Police, screens the results, and notifies facilities of the results.

***Code of Virginia* specifies barrier crimes and several crimes to be used as screening criteria (63.2-1726) for applicants of jobs at residential facilities.** If the applicant is convicted of a barrier crime, the facility receives a "not eligible" letter from the OIR. The facility cannot continue employment or hire the person if they receive a "not eligible" letter. If the applicant has a conviction of one of the screening criteria crimes, the facility would receive a "does not meet" letter from the OIR. Under this law, the facility makes the hiring decision. Laws require that the Virginia Child Abuse and Neglect Central Registry be checked on each applicant for information on child abuse and neglect founded complaints.

The *Standards for Interdepartmental Regulation of Children's Residential Facilities* require that all facilities comply with all background investigation laws. Regulators check staff records at facilities to make sure that background investigations have been completed. If a facility retained an individual that received a "does not meet" letter, the license regulatory agency would require documentation as to why the facility continued employment of the individual.

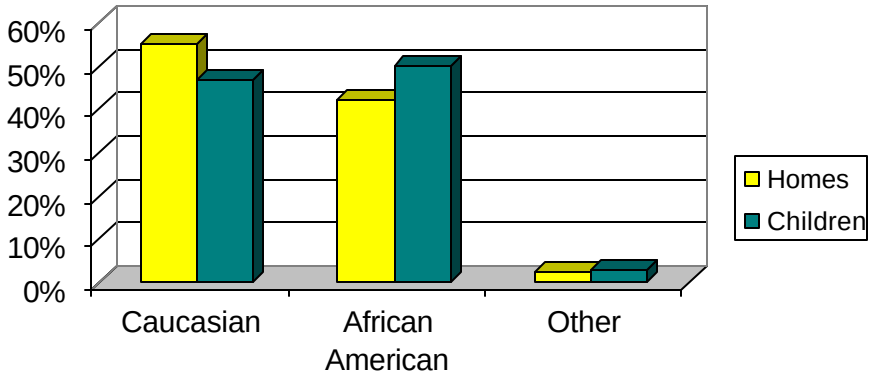
4. ***Recruitment and Retention of Foster/Adoptive Homes***. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and retain foster and adoptive families that represent the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan*.

When a child enters foster care, relatives are explored as possible permanent placement or foster parents for the child. When relatives are located for children either coming into care or for those already in care, LDSS staff discuss with the relative the process for providing care for the child either by becoming an approved foster parent or taking custody of the child. State policy supports this practice by specifying that children have a right to be raised by their parents and relatives whenever possible. The Virginia juvenile court system also has a built-in mechanism to consider placement of a child with relatives at each hearing. Based on focus group feedback from LDSS supervisors, locating relatives willing to care for children without financial support can be a great challenge. In order to receive financial support, the relatives would have to become foster parents or seek

TANF assistance for the child if they assume custody. Some relatives prefer to assume custody even through foster home payments are significantly higher than assistance through TANF. Others prefer to become an approved foster parent and have on-going agency involvement. In other instances, relatives are not available or are unwilling to care for a child.

A close correlation in race exists between the percent of children in foster care and that of foster families used for placements. The following graph indicates the race comparison by percent among foster homes and children in foster care. Essentially, about 55 percent of foster homes and 47 percent of children are Caucasian. About 42 percent of homes and 50 percent of children are African-American (see Figure 1).

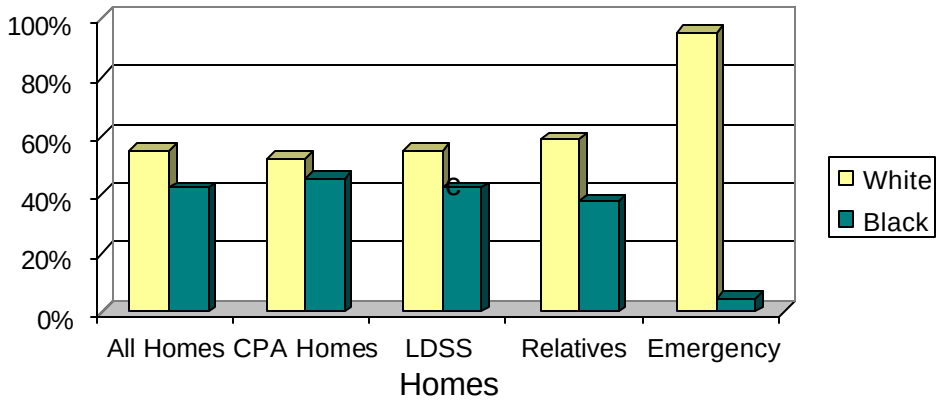
Figure 1
Comparison of Foster Homes and Foster Care Children by Race



When examined by type of home, private child-placing agency homes, followed by LDSS homes, have a greater proportion of African-American families than other types of homes. A greater proportion of Caucasian families are emergency homes and relative homes, although their numbers are significantly smaller (see Table 2 and Figure 2).

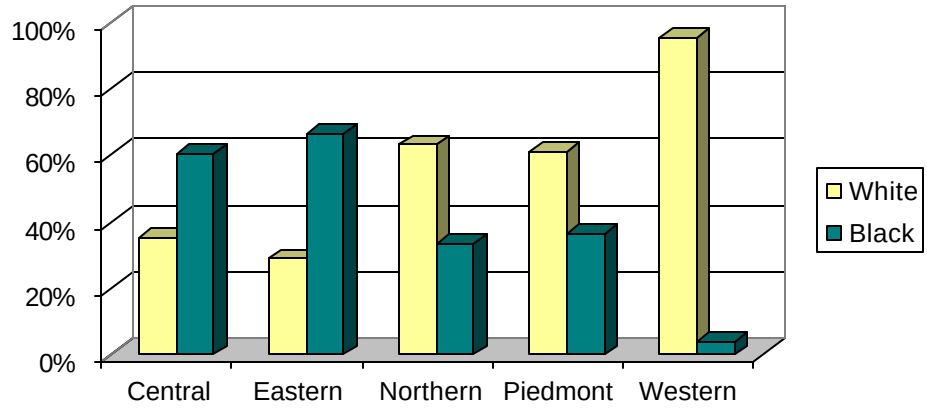
Table 2: **Type of Home**	**Number**	
	Caucasian	**African-American**
All Homes	2916	2224
CPA Homes	587	508
LDSS Homes	2106	1608
Relative Homes	164	105
Emergency Homes	59	3

Figure 2
Percent of Types of Homes by Race



Caucasians represented the majority of approved foster and adoptive parent homes statewide, although in two VDSS regions over 60 percent of homes are African-American. In the Central and Eastern regions, where the majority of children in care are African-American, African-American foster and adoptive homes represent 66 percent of homes in the Eastern region. In Central region, 61 percent of homes are African-American. In the Western region, less than five percent of homes are African-American. See Figure 3.

Figure 3
Regional Distribution of Homes by Race



Statewide, slightly more than half of children in foster care with the goal of adoption in Virginia are African-American. At the end of FFY 2001, Virginia had 2,379 children waiting to be adopted. Of these children, 52 percent were African-American, 40 percent were Caucasian, five percent were Hispanic, and three percent were multi-racial. Almost 40 percent of the children waiting to be adopted were between ages six and ten. In FFY 2001, of the 495 children adopted, 41 percent were African-American, 45 percent were Caucasian, five percent were Hispanic, and eight percent were multi-race.

On a regional basis, the population of children waiting to be adopted shows more variation relative to race and ethnicity. In FFY 2001 in the Eastern region, over 70 percent of children were African-American, followed by Central region with 69 percent African-American. In contrast, the Western region had only two percent African-American children waiting to be adopted and over 95 percent Caucasian children.

About 63 percent of adoptive families are Caucasian and 34 percent are African-American. Thus there is a lower proportionate representation of African-American families for the African-American children waiting to be adopted. In Eastern region, African-American families represent 49 percent of adoptive families, while over 70 percent of children are African-American. Almost 90 percent of LDSS workers surveyed reported that a child in an adoptive home usually has the same race/ethnicity as the adoptive family. Over 65 percent surveyed indicated that a child in a foster home usually is the same ethnicity as the foster parents.

Foster and adoptive parents are recruited in a variety of creative ways. Virginia recruitment efforts include:

- Targeted speaking engagements in churches and inserts in church bulletins (particularly in African-American churches, in order to recruit African-American foster parents);
- Newspaper and radio public service announcements;
- Health and resource fairs;
- Outdoor banners;
- Recruitment labels on items such as bottle water;
- Newsletters to foster parents;
- Presentations at community civic groups;
- Foster parent appreciation dinners and events (new foster parents are recruited through "word of mouth" by current foster parents);
- Advertisements in selected magazines; and
- Brown bag lunch presentations to businesses and organizations.

LDSS supervisors and child-placing agency staff reported a need to recruit foster and adoptive parents for children with behavioral problems and children with mental health needs. Survey findings also indicated the need to focus recruitment efforts on sibling groups, adolescents, abused/neglected children, and children with special health care needs (see Table 3).

Table 3: **Recruitment Needs** **Recruitment Needed For…**	**Definitely - Somewhat**	**Not Needed**
Children in general	97%	3%
Children with behavioral needs	96%	4%
Children with mental health needs	96%	4%
Children with special health care needs	92%	8%
Infants/toddlers	69%	31%
School-age children	91%	9%
Adolescents	93%	7%
Sibling groups	95%	5%
Abused/neglected children	92%	8%
CHINS (Children in Need of Services)	88%	12%
Children who do not speak English	41%	59%
African-American children	90%	10%
Children from another race/ethnicity	74%	26%

Limited LDSS staff for recruitment and funding for advertising and other outreach efforts hinder LDSS ability to advertise and aggressively recruit for foster and adoptive homes. Focus group interviews with providers and LDSS staff indicated insufficient resources to complete home studies, particularly for potential adoptive families.

Almost 80 percent of LDSS supervisors surveyed reported at least one foster care/adoption recruiter on staff. Half of the supervisors indicated that there was one staff with foster care recruitment as their primary responsibility and 25 percent indicated two to three foster care recruiters on staff. Over 45 percent of LDSS supervisors surveyed reported up to one staff with adoption recruitment as their primary responsibility and 22 percent indicated two to three foster care recruiters on staff. However, many smaller localities do not have full-time home recruiters, but instead have generic workers who must deal with immediate crises of children and families. This ultimately impacts the number of available foster and adoptive homes. Therefore, it is vital that VDSS maintain and expand efforts to recruit families through private/public partnerships and other recruitment initiatives.

The majority of children adopted from foster care in Virginia are adopted by their foster parents. VDSS is focusing an initiative to expand efforts to recruit families willing to provide foster care and to adopt. These “resource families” would improve permanency for children who become available for adoption.

Virginia celebrates Foster Care Month each year as an opportunity for calling attention to foster care. This includes a gubernatorial proclamation, advertisements, and displays at various child-related forums. LDSS use this opportunity to thank foster parents for their contributions and to promote local recruitment campaigns. Virginia also celebrates Adoption Month through similar recognitions and promotions.

Virginia has maintained a toll-free telephone number for many years for foster and adoptive parent inquiries. Callers regarding foster or adoptive parenting are referred to LDSS, as they are responsible for screening and approving applicants.

Virginia's official adoption recruitment is through the Adoption Resource Exchange of Virginia (AREVA). AREVA is operated from the central office of VDSS and provides statewide recruitment efforts for children in foster care who are legally free for adoption. AREVA publishes a photo-listing of waiting children that provides a brief narrative description and photograph of the child. AREVA also maintains an Internet website featuring photographs and narrative descriptions of waiting children. As of March 31, 2003, 537 children were registered with AREVA. Sixty percent of these children were African-American and 32 percent were Caucasian. In addition to listing waiting children, AREVA also photo-lists approved adoptive families.

Children in AREVA are automatically registered with AdoptUSKids. Thus Virginia's children receive national exposure.

Since 1985, VDSS has contracted with Virginia One Church, One Child (OCOC) for recruitment of adoptive families in the African-American community. The mission of OCOC is to recruit African-American churches that will make a commitment to find at least one adoptive family within their congregations. Prior to OCOC, there were no African-American families listed in AREVA who were waiting for children. Activities include an annual adoption symposium, presentations to churches, clergy, church organizations and auxiliaries, civic, social and benevolent organizations, radio, print media and television stations of statewide adoption events, and orientation and training opportunities.

OCOC works across the state to recruit families to adopt African-American children. As of result of OCOC recruitment efforts, OCOC received 54 applications for orientation sessions and assisted 46 of these families in the home study process between July 1, 2001 and June 30, 2002. Also during this period, OCOC contributed directly to the placement of 17 children. OCOC was the first in Virginia to use videoconferencing as recruitment and matching strategy. This allows children from one region of the state to be introduced to families from several other areas of the state. Since 2000, videoconferencing sessions have been held annually. Ten children have been placed using this tool.

Effective July 1, 2002, VDSS implemented 14 contracts with public and private agencies that have contributed to the pool of available adoptive homes for children with special needs. The intent is to increase the number of children leaving foster care through adoption. These initiatives promote partnerships between LDSS and private, licensed child-placing agencies. Through these initiatives, families are recruited, trained and approved as adoptive homes for children in foster care who, due to their special needs, make them difficult to place. Under the contract, agencies must contact prospective adoptive families within one working day of referral, conduct orientation within two weeks, and complete the home study within 90 days of orientation.

During the period of July 1, 2001, and June 30, 2002, VDSS had 11 initiatives in an effort to place waiting children into adoptive homes. Like the 14 current initiatives described above, the contractors included LDSS and licensed, private child-placing agencies. A total of 135 children were placed in adoptive homes as a result of these initiatives. Sixty-one percent of the children placed were African-American, with an average age of seven years.

5. *Adoption Across Jurisdictional and State Boundaries*. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, timeframes for initiating recruitment activities, and specific methods.*

During federal fiscal year 2001, 238 children were placed in adoptive homes outside of Virginia. Virginia has worked to enhance opportunities of facilitating timely adoptions, regardless of where the families or children live, through several special statewide initiatives.

- *Project to Eliminate Barriers to Inter-Jurisdictional Placements* – Under a state-sponsored initiative, two private agencies collaborated to identify barriers to inter-jurisdictional placements. One product of this collaboration was a home study format to standardize adoptive home studies throughout the state.

  This initiative also held match retreats so that caseworkers from different agencies could network to facilitate cooperation when matching children to families from different jurisdictions. Since beginning, 271 local workers from 90 LDSS across the state have participated and 32 children have been placed with adoptive families across local boundaries. Video cameras have been supplied to provide a better "picture" of children and families, regardless of where they may live in Virginia.

- *Piedmont Regional Collaborative* - Six LDSS have combined efforts to recruit and train families, and to place children for adoption. In FY 2000, 22 adoptive placements were made, all but one of which was made across jurisdictional lines. In FY 2001, 27 adoptive placements were made, with 88 percent made across jurisdictional lines. During these two years, the jurisdictional lines crossed included not only those of coalition member agencies but also placements outside of the coalition's jurisdiction. In FY 2002, 25 children were placed in adoptive homes through this collaborative.

- *Partnership for Adoptions* – Through Children's Home Society's collaboration with the Chesterfield-Colonial Heights Department of Social Services, adoptive families are recruited and trained statewide. Children's Home Society provides placement and supportive services through finalization and beyond. In 2002 and at the end of its fourth year, 84 adoptive placements have been made. Forty-two percent were made across jurisdictional lines, three of whom were placed with adoptive families in other states (Ohio, Pennsylvania, and Maryland). One child was placed from another state (North Carolina) with a Virginia adoptive family.

- *AREVA* - VDSS' official recruitment plan, AREVA, is instrumental in promoting adoptive placements for foster care children, regardless of where the child and families live. Operation of AREVA is mandated through Virginia Administrative Code 22 VAC 40-250. The regulation requires that all children defined as special needs be registered with AREVA within 30 days of termination of parental rights. AREVA lists children not only on the state's web site, but also on the Adoption Exchange Association website, providing statewide and nationwide exposure for individual children. As a result of this exposure, AREVA receives a large number of e-mail inquiries. During one three-month period, AREVA responded to 596 inquiries on the adoption process, 445 of which were on specific waiting children. AREVA also maintains a toll-free telephone line for individuals inquiring about specific children or about adoption in general.

- *ADOPT (Adoption Development, Outreach, Planning and Team)* - With membership open to public and private adoption agency representatives and advocates, this statewide group meets quarterly to address concerns pertinent to the field of adoption. Networking is also a goal, with opportunities of matching children with approved families, regardless of jurisdictional differences.
- *"A Child Waiting"* - Just completing four years of featuring children on a local television station, United Methodist Family Services has received 1,626 phone calls and 19 of the children featured have been placed for adoption. Regardless of the jurisdiction of the adopting families' residence, home studies are funded by VDSS rather than relying on LDSS to conduct studies.
- *Let's Talk Adoption* - As part of Virginia's annual National Adoption Month celebration, VDSS publishes an annual newsletter on salient issues throughout the year. In addition, waiting children are featured. It is distributed to a directory of nearly 3,000 adoption advocates, public and private agencies, and parent support groups throughout Virginia.

Virginia supports adoptions, regardless of where children and families live, by providing adoption assistance through Title IV-E and state funds. In July 2002, the North American Council on Adoptable Children (NACAC) issued *Forever Families,* an analysis of adoption subsidy programs in the United States. The report analyzed how state policies serve children with special needs through subsidy and services, based on several factors. These factors included provision of subsidies and Medicaid, special service payments, and funding for residential treatment. The report showed Virginia with a "good to outstanding" adoption assistance program.

Monthly financial stipends, Medicaid, and/or service payments are available to families of adopted children with special needs, including foster parents adopting foster children. These may include payments to those parents specially trained to provide services needed by the child. During FY 2001, federal and state funding totaling over $33 million was expended on behalf of 4,803 children through adoption assistance. The amount of support is the same regardless of the adoptive family or waiting child's residence, or whether the child is being adopted by foster parents or a newly recruited adoptive family. There has been a dramatic increase in the number of licensed, private child-placing agencies specializing in treatment foster care programs that have expanded their program to include adoption services to foster families caring for children with special needs.

Virginia places children across state borders for adoption and other reasons through the Interstate Compact on the Placement of Children (ICPC). Virginia's ICPC office has a strong role in safeguarding the best interests of children who are being placed out of Virginia, in collaboration with states into which children are to be placed. As of March 14, 2003, 185 foster care children were placed out of Virginia. Of these 185 children, 45 had the goal of adoption and were placed in a relative or other family setting.

Virginia is an active member of the Interstate Compact on Adoption and Medical Assistance (ICAMA). ICAMA safeguards the interests of children adopted with adoption assistance agreements who cross state lines. Ensuring that an adopted child's

medical needs will be met, regardless of where the child and family resides, supports placements across jurisdictional lines. Between July 1, 2001, and June 30, 2002, Virginia invoked ICAMA for 192 children.

Summary

Virginia has many strengths in its foster and adoptive home and residential provider area.

- Virginia conducts thorough and complete criminal record and child abuse/neglect checks for all foster and adoptive homes. Children's residential facility staff, volunteers, and certain subcontractors have national criminal checks, as well as the child abuse/neglect check.
- Statewide collaboration with other state agencies (DOE, DJJ, and DMHMRSAS) facilitates regulation of children's residential facilities.
- Virginia monitors foster and adoptive homes, children's residential facilities, and private child-placing agencies regularly.
- Diversity is evident among approved foster homes.

Areas that need improvement include:

- National, in addition to state, criminal background checks for foster and adoptive parents would provide a greater assurance that individuals do not have a criminal history that would jeopardize children.
- Despite all the initiatives for recruiting and supporting African-American families for adoption, an analysis of data indicates that stronger efforts are needed.
- A kinship care program is needed to encourage the permanent placement of children with relative caregivers.
- Continued strengthening of initiatives for cross-jurisdictional placements would improve timely permanency.

Strategies for improvement include:

- Implement strategies for recruitment and training of resource families willing to both foster and adopt children in conjunction with a concurrent permanency planning model and training curriculum.
- Expand the number of contracts awarded for special initiatives to include a greater focus on recruitment of African-American families, Hispanic families, and families from rural areas of the state.
- Promulgate regulations to require minimum pre-service training for foster and adoptive parents as well as in-service training.
- Promulgate regulations to encourage national criminal background checks for foster and adoptive parents, as well as for birth parents to whom children are being returned.

- Work collaboratively with the Division of Licensing to promulgate regulations that apply equally to providers licensed by child-placing agencies and approved by LDSS. Background check requirements and barrier crimes should be more consistent for homes approved through public and private agencies.
- Work with public and private agencies in Virginia to adopt a single, standardized home study format to facilitate cross-jurisdictional placements and to improve collaboration among agencies.
- Study the feasibility of developing a kinship care/subsidized guardianship program for relatives who take custody of children who have been in the foster care system.
- Work collaboratively with the Association of Administrators of the Interstate Compact on the Placement of Children (ICPC) to identify and eliminate barriers, and ensure appropriate service provision for children placed across state lines for purposes of foster care and adoption.

III. Narrative Assessment of Child and Family Outcomes

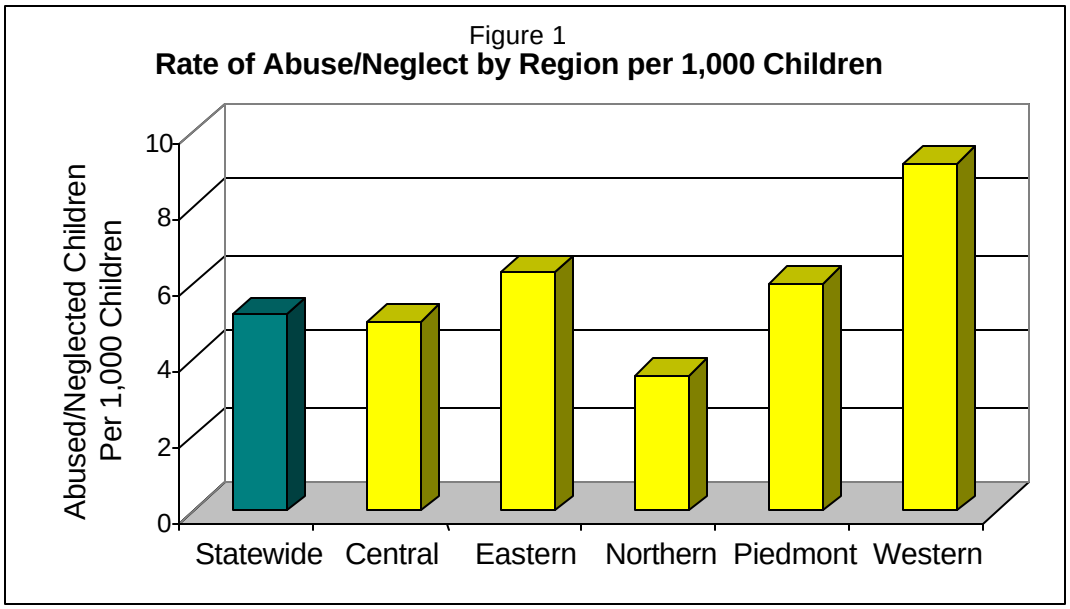
Safety Outcomes

Outcome S1: Children are, first and foremost, protected from abuse and neglect.
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Overview

Virginia's child maltreatment rate is low and about half that of the nation, with a statewide rate of five substantiated children per 1,000 children in the population. Data for 2001 shows Western region with the highest rate of abuse neglect with a rate of 9.2 per 1,000 children and Northern region with the lowest rate of 3.6 (see Figure 1). Further analysis reveals that the rate of abuse and neglect per 1,000 children is the highest in Virginia's central cities (7.8) and rural areas (6.2) with a lower rate of 3.6 in suburban areas.

Figure 1
Rate of Abuse/Neglect by Region per 1,000 Children



Virginia has focused on child safety and responds appropriately to complaints of child abuse and neglect. Stakeholders, providers, and supervisors and workers in local departments of social services (LDSS) agreed that Virginia does a good job responding to child abuse and neglect to assure child safety and preservation of families.

Virginia's recurrence of maltreatment of 3.77 percent is below the national standard of 6.1 percent for 2001. The incidence of child abuse and/or neglect in foster care of 0.35 percent is also below the national standard of 0.57 percent for 2001. Both measures were calculated using alternative data methods.

Virginia's Child Safety Profile data from the national reporting system is in Table 1.

Table 1:

Virginia's CHILD SAFETY PROFILE

From National Child Abuse and Neglect System (NCANDS) Reporting

CHILD SAFETY PROFILE	Calendar Year 1999						Calendar Year 2000						Calendar Year 2001					
	Reports	%	Duplic Childn	%	Unique Childn	%	Reports	%	Duplic Child	%	Unique Childn	%	Reports	%	Duplic Childn	%	Unique Childn	%
I. Total CA/N Reports Disposed	32,270		53,837				22,511		40,799		40,087		20,950		37,988		35,271	
II. Disposition of CA/N Reports																		
Substantiated & Indicated	4,767	14.8	8,199	15.2			5,242	23.3	7,416	18.2	7,366	18.4	7,120	34.0	9,873	26.0	9,637	27.3
Unsubstantiated	20,393	63.2	29,371	54.6			17,269	76.7	33,383	81.8	32,721	81.6	13,805	65.9	28,078	73.9	25,606	72.6
Other	7,110	22.0	16,267	30.2									25	0.1	37	0.1	28	0.1
III. Child Cases Opened for Services			6,135	74.8					3,987	53.8	3,958	53.7			5,393	54.6	5,222	54.2
IV. Children Entering Care Based on CA/N Report			1,317	16.1					995	13.4	982	13.3			1,604	16.2	1,517	15.7
V. Child Fatalities					36						31	0.42					36	0.37
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY – based on alternative data																		
VI. Recurrence of Maltreatment [Standard: 6.1% or less)					Not avail-able						98 of 3,309	2.96					156 of 4,133	3.77
VII. Incidence of Child Abuse and/or Neglect in Foster Care [Standard: 0.57% or less]					Not avail-able						25 of 8,613	0.29					29 of 8,331	.35

1. ***Trends in Safety Data.*** *Have there been notable changes in the individual data elements in the safety profile over the past three years in the State? Identify and discuss factors that have affected the changes noted and the effects on the safety of children in the State.*

State-analyzed data indicate a trend of slight decreases in total, substantiated, and unsubstantiated reports from state fiscal years 1996 through 2002 (see Figure 2 under question 2). State fiscal year (SFY) is July 1 through June 30 of each year. In SFY 2002, reports of suspected abuse and neglect increased. Data from the National Child Abuse and Neglect System (NCANDS) in Virginia's Child Safety Profile (Table 1) for calendar years 1999 – 2001 are misleading. The profile data indicate a trend that total reports and unsubstantiated reports have decreased each year, while the number of substantiated reports has increased, which is not correct. Reasons for the differences in data in the three-year period include:

- For 1999, Virginia reported data to NCANDS in aggregate Summary Data Component (SDC) form, after the state combined data from its legacy system and the newly implemented SACWIS system, On-line Automated Services Information System (OASIS). Because many local workers were initially slow to enter findings in OASIS, both substantiated and unsubstantiated reports were undercounted. The number of children was possibly inflated as a result of counting the same child in both the legacy system and the new system.
- Beginning with 2000, Virginia submitted individual child file data (DCDC/ChildFile) from OASIS. Data entry and information system issues resulted in the elimination of numerous records from the NCANDS data set. Thus the numbers of child abuse and neglect reports and findings in the profile are an undercount.
- For 2000 and 2001, the NCANDS data files excluded approximately 1,200 reports each year handled through a pilot alternative response process.
- For 2000 and 2001, some unsubstantiated reports were purged from the data system before the NCANDS data were extracted.

Recognizing these limitations in the child safety profile, alternative state data have been analyzed to identify trends. Unless otherwise noted, all analyses presented in this Safety section come from state alternative data. These data were extracted from the legacy data system (prior to and partially including 1999) and from OASIS (beginning in 1999) by state fiscal year based on the date of the report of suspected abuse or neglect. (NCANDS data are for the calendar year and based on the date of disposition.) Trends for the individual data elements are discussed in the relevant sections below.

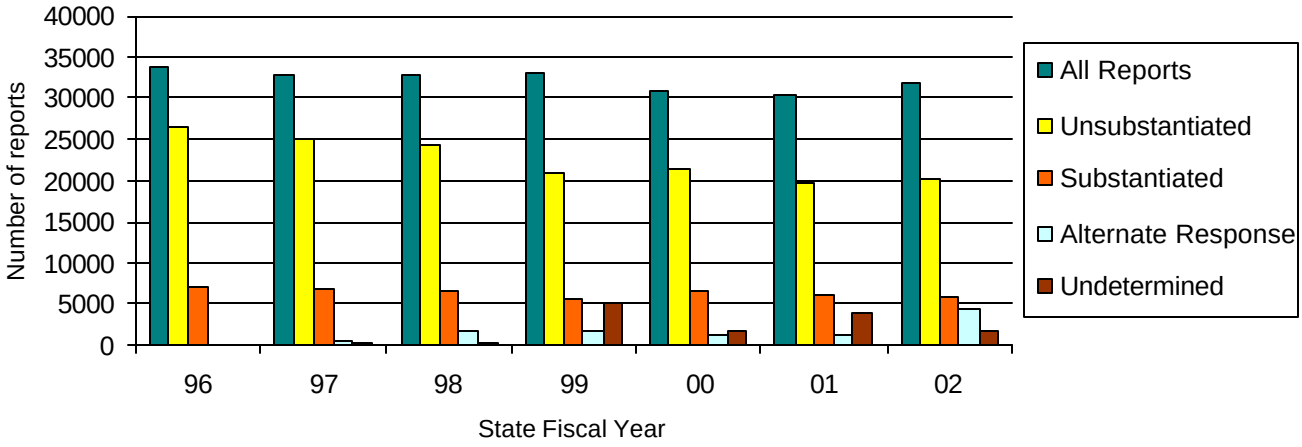
2. ***Child Maltreatment.*** *Examine the data on reports of child maltreatment disposed during the year by disposition of the reports. Identify and discuss issues affecting the rate of substantiated vs. unsubstantiated reports and factors that influence decision-making regarding the disposition of incoming reports. (Safety Data Elements I & II)*

Based on state-analyzed data, the number of reports of suspected abuse/neglect decreased ten percent from SFY 1996 to 2002 (see Figure 2). During this period, Virginia's child population increased. The number of substantiated reports decreased 18

percent. Over half of the maltreated children were in the more populous Eastern and Northern regions of the state.

Figure 2

Child Abuse/Neglect Reports by Disposition
Virginia, SFY 1996-2002



Virginia substantiates a smaller proportion of reports than the nation as a whole. In SFY 2000 and 2001, 22 percent of reports of suspected abuse/neglect were substantiated in Virginia, compared to 32 percent nationwide.

Policies have affected the proportion of reports that are substantiated.

- Virginia discontinued the disposition of "reason to suspect" in 1994. Many of these reports are now unsubstantiated. The proportion of reports that were substantiated decreased from 27 percent in 1993 to 20 percent in 1994.
- The standard of proof for substantiating abuse or neglect was lowered from "clear and convincing" evidence to a "preponderance" of the evidence in 1998. The impact on the proportion of reports that were substantiated was negligible.
- A pilot alternative response system, initiated in five LDSS (Albemarle, Loudoun, Montgomery, Portsmouth, and York/Poquoson) in 1997 diverted about 70 percent of complaints in those LDSS to a Family Assessment track from 1997 to 2002. No disposition was made on these reports. Because of the relatively small number of complaints affected (1,116 in SFY 2001) and the fact that reports placed in the Family Assessment track are more likely those that would have been unsubstantiated, the pilot had a minimal effect on the proportion of reports that were substantiated statewide.

Virginia implemented CPS Differential Response System (DRS), a two-track response system, statewide in May 2002. Under DRS, the response to a valid CPS complaint is either through an investigation or a family assessment. An investigation is conducted in the most serious incidences, such as sexual abuse, fractures, shaken baby, severe burns, and abandonment. The family assessment response is for reports where there is no immediate concern for child safety. For reports handled through the family assessment track, no

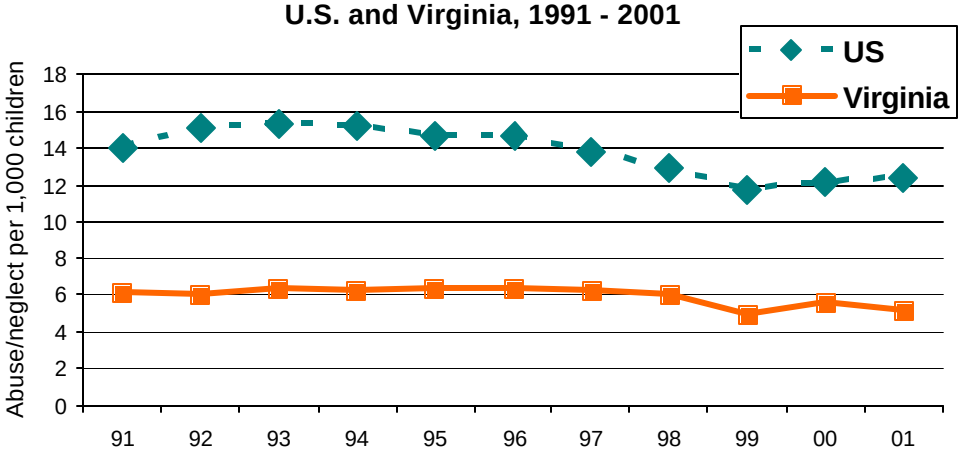
determination is made as to whether or not the child was a victim of abuse or neglect. Therefore, these will appear in the NCANDS data file with a disposition of "Closed- No Finding."

Between May and December 2002, LDSS handled 56 percent of the total valid reports through a family assessment. Of the 6,573 completed investigations, 30 percent (2,000) were founded. When DRS was piloted, 70 percent of valid allegations were directed to a family assessment, rather than an investigation. As all localities gain more experience with this approach, the percentage of reports that are directed to a family assessment will likely mirror the pilots. Therefore, the proportion of reports that are substantiated is expected to increase among those handled through the investigation track but the proportion of all reports that are substantiated will likely decrease.

Virginia's child maltreatment rate per child population is about half that of the nation. See Figure 3.

Figure 3

Rates of Child Abuse and Neglect per 1,000 Children
U.S. and Virginia, 1991 - 2001



While the majority of abused and neglected children live in the Northern and Eastern regions of the state, maltreatment rates were highest in the Western region and lowest in the Northern region in state fiscal year 2001. The rate of abuse and neglect per 1,000 children is the highest in Virginia's central cities (7.8) and rural areas (6.2) and lowest in suburban areas (3.6). African-American children are twice as likely as white children to be abused. In SFY 2001, 8.3 per 1,000 African-American children were victims of abuse or neglect, compared to 4.2 per 1,000 white children. Only one percent of victims were Asian, less than one percent were other races, and two percent were designated as multi-race. Each of these groups had lower maltreatment rates than white children.

While Virginia's policies for substantiating abuse and neglect contribute to the state's low rate of maltreatment, the conclusion that Virginia fares better than the nation as a whole is supported by other related indicators of child well-being. The following comparisons are based on 1999 KIDS COUNT data.

- Virginia's child death rate was 20 deaths per 100,000 children, ages 1-14 years, compared to 24 deaths per 100,000 in the U.S.
- Virginia's teen death rate from accident, homicide, and suicide was 48 deaths per 100,000 teens, ages 15-19, compared to a rate of 53 in the U.S.
- Virginia's teen birth rate was 23 births per 1,000 females, ages 15-17, compared to a rate of 29 for the U.S.
- Nineteen percent of Virginia children live with parents who do not have full-time, year-round employment, compared to 25 percent of U.S. children.
- Fourteen percent of Virginia children live in poverty, compared to 19 percent of U.S children.
- Twenty-six percent of Virginia families with children are single-parent households, compared to 27 percent of U.S. families.

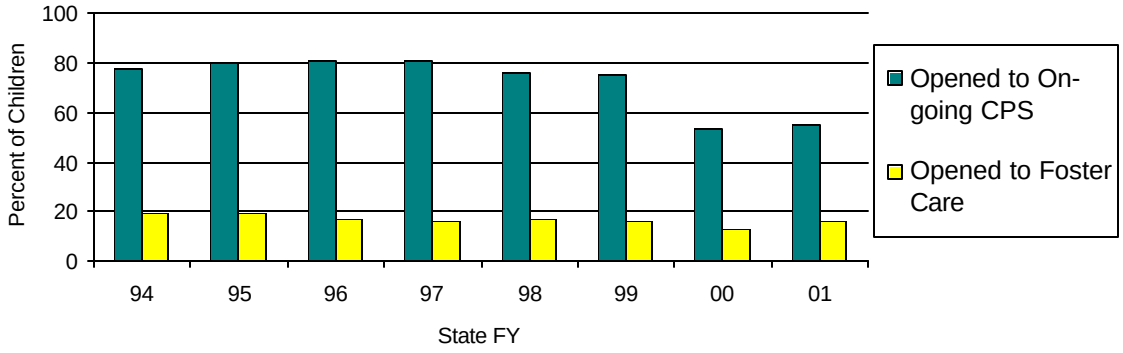
Virginia fared slightly less well than the nation on percent of low birth weight babies (7.8 percent compared to 7.6 percent nationwide) and infant mortality (7.3 deaths per 1,000 births compared to 7.2 per 1,000 nationwide).

3. Cases Opened for Services. *Compare the cases opened for services following a report of maltreatment to the rates of substantiated reports received. Discuss the issues affecting opening cases following reports of maltreatment and reasons cases are or are not opened. (Safety Data Element III)*

The percent of substantiated cases that were opened for services declined from 81 percent in 1996 to 75 percent in 1999 based on aggregate data submitted to NCANDS (see Figure 4). Data for 2000 and 2001 are not available. OASIS is not yet fully used for recording on-going CPS case information, and some workers have not consistently used the case connect function to document that a services case was opened. More accurate data will be available when the on-going CPS case component of OASIS is implemented, projected for late 2003.

Figure 4

Percent of Abuse/Neglected Children Opened to Services



Virginia opened approximately 75 percent of substantiated cases for services in 1998 based on aggregate data submitted to NCANDS, the latest year for which reliable data are available for this measure. Virginia NCANDS data for calendar years 2000 and 2001 indicate that about 54 percent of substantiated cases were opened for services, which is close to the national figure of 55.4 percent. However, because OASIS is not fully used for open services cases, it is possible that Virginia data for these years may be under-reported.

LDSS determines whether or not to open a case for on-going services based on whether or not safety issues can be resolved during the course of the investigation or family assessment. At the conclusion of every substantiated investigation and family assessment, the LDSS worker assesses risk to determine if the child is in jeopardy of future abuse and/or neglect and if further intervention is necessary to protect the child. If services are offered or court ordered for the purpose of preventing or remedying child abuse or neglect, the case is opened to CPS. Otherwise, a case may be opened for family support or other services if resources are available in the locality. A randomized survey of CPS workers found that common reasons a case that needs services is not opened for CPS services are (1) families refuse services and (2) a focus on high-risk cases.

The new Differential Response System (DRS) is expected to increase identification of needs and family acceptance of services. With more families accepting services, purchased service costs may increase. The alternative response pilot found that the percent of cases in which the record documented service needs increased from 54 percent in the baseline period to 75 percent during the pilot. The evaluation of DRS, implemented statewide in May 2002, will examine the number of families receiving and rejecting services, the availability of needed services, and the impact on LDSS expenditures for purchase of services.

4. ***Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report.*** *Identify and discuss issues affecting the provision of home-based services to protect children from maltreatment and whether or not there is a relationship between this data element and other issues in the State, such as availability of services to protect children, repeat maltreatment or changes in the foster care population. (Safety Data Element IV)*

The percent of children entering foster care fluctuated between 13 percent and 16 percent from 1999 to 2001 based on data reported to NCANDS (see Figure 3). As discussed in question 3, these figures probably represent a slight undercount due to challenges in the case connect from the investigation to the foster care case in OASIS. The increase from 2000 to 2001 may reflect improved data entry. NCANDS data for previous years reflect a decrease from 19 percent in 1995 to 17 percent in 1998. Approximately 20 percent of children enter foster care nationwide based on a substantiated report of abuse or neglect.

Virginia's rate of children in foster care is four children in foster care per 1000 children in the state's child population, which is less than that of the nation. See Permanency section for more details.

Virginia places a strong emphasis on prevention, from primary prevention of child abuse and neglect to prevention of foster care placement.

- The Virginia Department of Social Services (VDSS) funds 37 local Healthy Families programs and 26 other community-based prevention programs, with emphasis on prevention of abuse and neglect in families with young children.
- The State Child Fatality Review Team and regional child fatality review teams use fatalities as sentinel events to promote broad prevention efforts.
- The *Code of Virginia* §16.1-228 defines foster care services to include children and families at risk of foster care placement. Thus foster care prevention is a mandated, funded through the Comprehensive Services Act (CSA).
- LDSS receive Social Services Block Grant funds to prevent foster care.
- Every locality receives Title IV-B funding through its CSA Community Planning and Management Team to support interagency prevention of foster care.
- A pool of funds is available to the local CSA Family Assessment and Planning Teams to purchase services for foster care prevention.
- VDSS uses Title IV-E funds with other agencies to help prevent foster care.

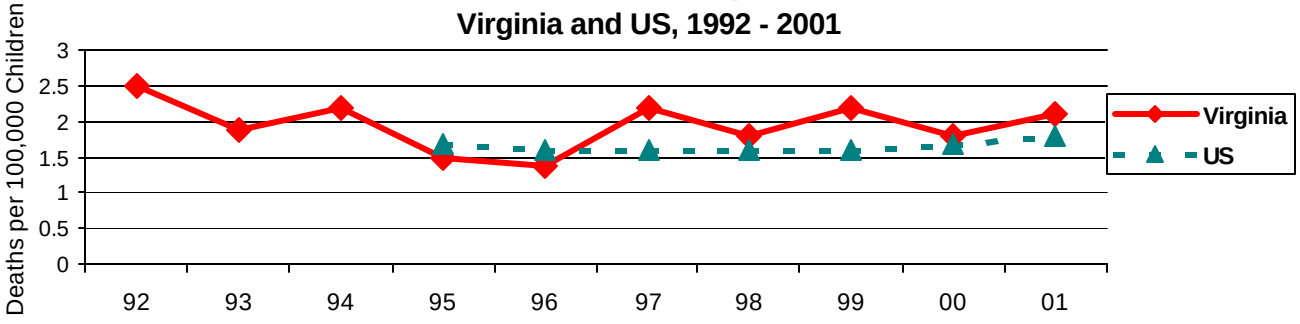
In focus groups, social workers generally concurred that the availability of resources is a critical factor when deciding whether or not to leave a child at home. Localities with a variety of prevention services have more options when developing a plan that allows the child to remain in the home.

5. ***Child Fatalities.*** *Identify and discuss child protection issues affecting child deaths due to maltreatment in the State and how the State is addressing the issues. (Safety Data Element V)*

Virginia's child maltreatment death rate has fluctuated between 1.8 and 2.2 deaths per 100,000 children (see Figure 5)**.** This variation reflects random fluctuation associated with small numbers. Based on year of death, there were 37 child fatalities in 1999, 31 child fatalities in 2000, and 39 child fatalities in 2001. Note these figures are different than the Child Safety Profile because the latter is based on year of investigation disposition.

Figure 5

Child Maltreatment Death Rates per 100,000 Children
Virginia and US, 1992 - 2001



Since 1997, Virginia's child maltreatment fatality rate has exceeded the national estimates of 1.6 to 1.8 maltreatment deaths per 100,000 children. The maltreatment

death rate for SFY 1998-2002 was the highest for the Western and Eastern regions and the lowest for the Northern region of the state.

Virginia investigates all deaths reported to CPS based on suspicion of child abuse or neglect, regardless of whether or not there is another child in the home, the family was previously known to CPS, or the alleged perpetrator was an adult. Medical and law enforcement personnel are required by law to report deaths to CPS if abuse or neglect is suspected. Some states have a narrower definition of deaths counted as child maltreatment fatalities. Based on information in the Child Welfare League of America's study, "Child Abuse and Neglect Fatalities: Clarification of Survey Results," July 2001, Virginia's child maltreatment fatality rate is close to the median.

Six of the 39 children who died in state fiscal year 2001 were known to Virginia's child welfare system. Three of the children were in foster care at the time of their death, although two were in the care of their parent. One child was in a foster care placement and the death was due to neglect by the foster parent. None of the children who died in 1999 and 2000 were in foster care. Considering all deaths over the three-year period, 2.8 percent of the child maltreatment fatalities were in foster care, close to the 2.7 percent nationwide statistic for 2000.

The State Board of Social Services has established a protocol for LDSS to report child deaths to VDSS, which analyzes the data and prepares an annual report to the State Board. Special studies supplement findings in the annual fatality reports:

- Radford University developed a report, "Child Abuse Fatalities Prevention."
- Virginia's Attorney General's Task Force developed a "Report of Recommendations of the Attorney General's Task Force on Child Abuse Fatalities in Virginia."
- VDSS developed a "Report on Child Fatality Trends."
- Virginia Commonwealth University (VCU) conducted an "Analysis of Child Fatalities in Virginia Reported as Alleged Abuse or Neglect, July 1, 1999 – June 30, 2000."

The most recent *Child Fatality Report* (December, 2002) analyzed 28 fatalities that were founded alleging child maltreatment in SFY July 1, 2001, to June 30, 2002. The 28 fatalities in SFY 2002 was a decrease from the 31 founded fatalities in SFY 2001. Findings on the 2002 fatalities substantiated by LDSS revealed:

- Seventeen of the children died as a result of abuse, and 11 died as a result of neglect.
- The age of the children ranged from newborn to 12 years; 23 of the 28 children were three years old or younger.
- One or both parents were the perpetrators in 22 (79 percent) of the deaths. This is consistent with national data that has found parent/s to be responsible for about 80 percent of child maltreatment deaths.
- Two of the 28 children were in families open to child welfare investigation or services.

LDSS are working with VDSS to establish a child fatality prevention action plan for Virginia.

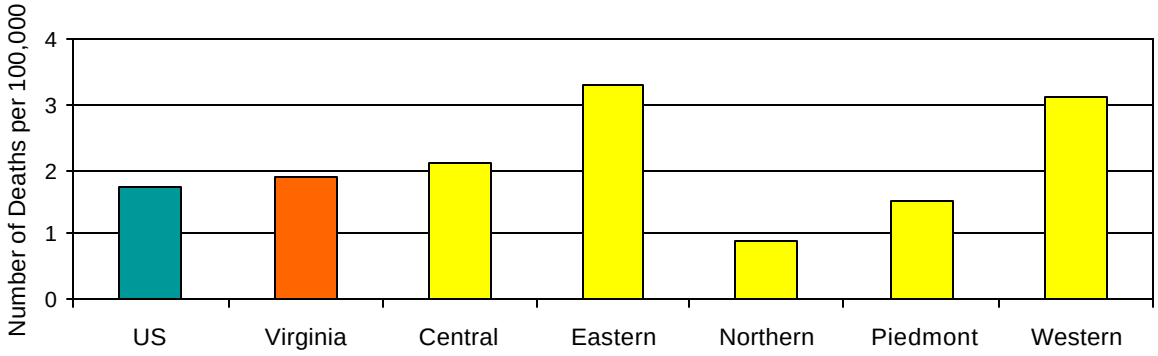
Eastern region has the highest annual rate (3.3) of maltreatment deaths per 100,000 children, with one-fourth of the deaths occurring in Norfolk. The Eastern region has a

strong child fatality review team that has raised community awareness about child abuse and neglect, possibly resulting in more complete reporting. Western region's annual rate of 3.1 per 100,000 children was also high. Both Eastern and Western regions were more than 50 percent higher than the Virginia statewide rate of 1.9 per 100,000 children. The Northern region rate of 0.9 was less than half the state rate. The rates for the Central region (2.1 per 100,000 children) and Piedmont region (1.5 per 100,000 children) were close to the statewide rate (see Figure 6).

As with child abuse and neglect in general, African-American children are twice as likely as Caucasian children to die from maltreatment. The average maltreatment rate is

Figure 6

Average Deaths per 100,000 Children per Year, 1998-2002



3.4 deaths per 100,000 African-American children compared to 1.4 deaths per 100,000 white children. These annual figures are based on deaths between SFY 1998 and SFY 2002.

The VCU study of child fatalities from 2000 found a high level of domestic violence in households of deceased children. Virginia's Attorney General has identified domestic violence as a priority issue for this Administration. Virginia is working to enhance cooperation among state agencies to address this multi-faceted problem.

Most maltreatment deaths occur among infants and toddlers, and most of the families were previously unknown to the child welfare system. This finding, consistent over the years, was reinforced by the VCU study. Virginia targets this population by allocating Community-Based Family Resource and Support, TANF, Title V Maternal and Child Health Services, and state child abuse prevention funds to community-based programs for high risk families with young children.

The *Code of Virginia* provides for a State Child Fatality Review Team (SCFRT) (§32.1-283.1) **and local and regional child fatality review teams** (§32.1-283.2)**.** These teams are a component of Virginia's quality assurance system (see also Quality Assurance section of this document). SCFRT has completed reviews and made recommendations for preventing suicides, firearm fatalities, and unintentional injuries among young children, all of which include child maltreatment fatalities. The team is currently reviewing homicides of young children by caretakers. In the past year, the Piedmont Regional Child Fatality Team conducted training for law enforcement on investigations of fatalities involving child abuse or

neglect. The Hampton Roads Child Fatality Review Team conducted a Shaken Baby Awareness Campaign and distributed a series of informational cards to caretakers that address a number of child safety concerns. The most recent review by the SCFRT of unintentional injury deaths of children ages four and under underscored the significance of adult supervision for small children.

VDSS also works in collaboration with Prevent Child Abuse Virginia (PCAV) in developing and distributing educational materials for the Child Abuse Prevention Month campaign. The educational materials, developed in 2001, cover shaking, unintentional drowning, and the frustrations of parenting infants and young children. For the April 2003 prevention campaign, PCAV and VDSS developed and distributed tips and safety precautions in five categories identified by the SCFRT: motor vehicle accidents, suffocation, drowning, fire, and firearms.

6. ***Recurrence of Maltreatment.*** *Discuss whether or not the State's recurrence of maltreatment conforms to the national standard for this indicator, the extent to which the State's rate of recurrence of child maltreatment is due to the same general circumstances or same perpetrator, and how the State is addressing repeat maltreatment. (Safety Data Element VI)*

Virginia's recurrence of maltreatment of 3.77 percent is below the national standard of 6.1 percent for this indicator. Virginia's rate of recurrence of maltreatment was 2.96 percent in 2000. Data is not available for 1999. A review of a non-random sample of 237 CPS case records indicated that almost all (97 percent) of the recurrent maltreatment involved the same perpetrator and most (70 percent) involved the same general complaint.

Virginia used alternative data to assess performance on the recurrence of maltreatment measure. Staff created a file of children (duplicated) with reports received within the year and a disposition of substantiated. Children in reports handled through the family assessment track in the five pilot alternative response localities were not included because no determination was made as to whether or not the report was substantiated. A variety of techniques, including Soundex routines on the names, alphabetizing and visually comparing the names, comparing dates of birth, researching referrals and identities of other individuals involved in the referrals, were used to identify children who had not been merged within the system but appeared to be the same. After those children believed to be the same were "matched-up," federal criteria applicable to the measure were applied: substantiated report received within the first six months of the year with a subsequent founded report within the next six months, where the disposition was made within the calendar year. Children whose only applicable reports were dated within 24 hours of each other were excluded because these were assumed to be the same incident and entered in error. For 2000, an unduplicated victim count for the first six months of 3,309 included 98 children who met the recurrence criteria, for a rate of 2.96 percent. For 2001,156 of the 4,133 unduplicated victims during the first six months met the recurrence criteria, for a rate of 3.77 percent.

Program policy requires face-to-face contact with the alleged child victims of maltreatment and completion of an initial safety assessment at the first visit. In May 2001, VDSS issued policy guidance, including a structured format for identifying safety and protective factors and developing a safety plan, to strengthen the initial safety assessment

and planning process. This was followed by statewide training designed to strengthen initial safety assessment and planning. A non-random case review found that face-to-face contact is made with almost all alleged victims. VDSS identified additional training needs and provided training on conducting and documenting safety planning during April and May 2003.

At the close of each investigation and family assessment, the CPS worker completes a risk assessment to determine whether or not a case should be opened to on-going CPS services. A recent review of a non-random sample of on-going cases by regional specialists found that almost all (98 percent) records included a risk assessment. LDSS had made efforts to reduce or remove the risk of harm through specific interventions in most (96 percent) cases.

7. ***Incidence of Child Abuse and/or Neglect in Foster Care.*** *Discuss whether or not the State's incidence of child maltreatment by the foster care provider conforms to the national standard for this indicator. Discuss the ways in which the State is addressing this issue and whether or not there is a need for additional measures to ensure the safety of children who are in foster care or pre-adoptive placements. (Safety Data Element VII)*

Virginia's incidence of child maltreatment by a foster care provider is 0.35 percent, which is below the national standard of 0.57 percent for this indicator. The incidence of child abuse/neglect in foster care was 0.29 percent in 2000. These percentages represent 29 children in 2001 and 25 children in 2000 for January through September, the time period reported in the Safety Profile. Data are not available for 1999. Because the foster parent relationship was mapped incorrectly for the NCANDS submissions, this outcome was measured with alternative data. VDSS staff developed lists of all substantiated allegations with a report date during calendar years 2000 and 2001. These lists included the report ID number, report date, victim ID number, victim name, perpetrator ID number, perpetrator name, and perpetrator relationship to victim. The lists were then sorted based on the perpetrator relationship. Records with perpetrator relationship of Father (Foster), Mother (Foster), or Institutional Staff were checked in OASIS to determine the disposition. These lists identified unique foster care children in records with a disposition date during calendar year 2001 and a report date between January and September 2001. These are the children who would have been counted if (1) 2001 NCANDS submission were mapped correctly and (2) all records were accepted after the validation process.

Not all foster care provider investigations had been entered into OASIS in a timely manner. Four investigations from the first nine months of 2000 and 10 investigations from the first nine months of 2001 were not entered in OASIS until the subsequent year and were therefore excluded from the NCANDS data sets for those years. Had they been included, Virginia's rate would have measured 0.34 percent in 2000 and 0.49 percent in 2001, still below the national standard for this measure.

LDSS complete criminal background and child abuse/neglect Central Registry checks on any individual with whom the agency is considering placing a child on an emergency, temporary, or permanent basis. This includes any parent or other guardian to whom the LDSS may return a child. Consideration of all criminal and abuse/neglect background information related to the potential safety of a child is a primary factor in making placement decisions. This new 2002 legislation generated from a child fatality where a

foster care child died in SFY 2001 while on a trial home visit. While procedures are in place for obtaining in-state criminal and abuse/neglect background information, some workers have encountered barriers to obtaining emergency out-of-state criminal record checks.

CPS investigates all reports of suspected abuse or neglect of children in foster care; they are not handled as a family assessment under the Differential Response System. A CPS worker in the LDSS where the child in foster care resides is responsible for the investigation. *Code of Virginia* §63.2-1509A requires certain persons suspecting child abuse or neglect to report it immediately. Those persons required to report include any person employed as a social worker, licensed physician, hospital resident or intern, nurse, probation officer, teacher or other person employed in a school setting as well as any person providing child care for pay on a regular basis, any duly accredited Christian Science practitioner, mental health professional, or law enforcement officer.

8. ***Other Safety Issues.*** *Discuss any other issues of concern, not covered above or in the data profiles, that affect the safety outcomes for children and families served by the agency.*

VDSS has conducted two case reviews of CPS cases in the past year. The results of these reviews have provided information on safety outcomes and for program improvements.

Regional specialists reviewed 237 CPS service cases in 21 large LDSS in the summer of 2002. These cases included 276 investigations and family assessments between October 2001 and July 2002. The review included federal safety outcome and performance measures, as well as CPS program policy requirements. Areas identified as a strength included: initial contact with the child, risk assessment, and notification of perpetrators of the right of appeal. Areas identified as needing improvement in some cases were: response time to initiation of investigation, safety assessment and planning, lapse of time from family assessment or investigation to initiation of services, including parents in assessment and planning, and procedural safeguards in emergency removal.

Results from this first case review indicate that 78 percent of the cases reviewed substantially achieved Safety Outcome 1: *Children are, first and foremost, protected from abuse and neglect*. Safety Outcome 2*: Children are safely maintained in their homes whenever possible and appropriate*, reached substantial achievement in 66 percent of the cases reviewed. Both outcomes were rated partially achieved in 20 percent of the cases reviewed. Safety Outcome 1 was not achieved in two percent of the cases reviewed and Safety Outcome 2 was not achieved in 15 percent of the cases.

Further findings indicated that 81 percent of CPS investigations had a response time of less than 72 hours; 65 percent were responded to within 24 hours. Response time was greater than 72 hours for 19 percent of reports. In 30 percent of the cases reviewed, there was no lapse of time between the investigation or family assessment and the initiation of on-going services. In nine percent of the cases, services were initiated within a week, while 21 percent were opened within a month. More than a month lapsed before services were initiated in 21 percent of the cases. Response time and the length of time to initiation of services have raised concerns that are being examined further in the CPS program. Among focus group members, there was general agreement among foster parents,

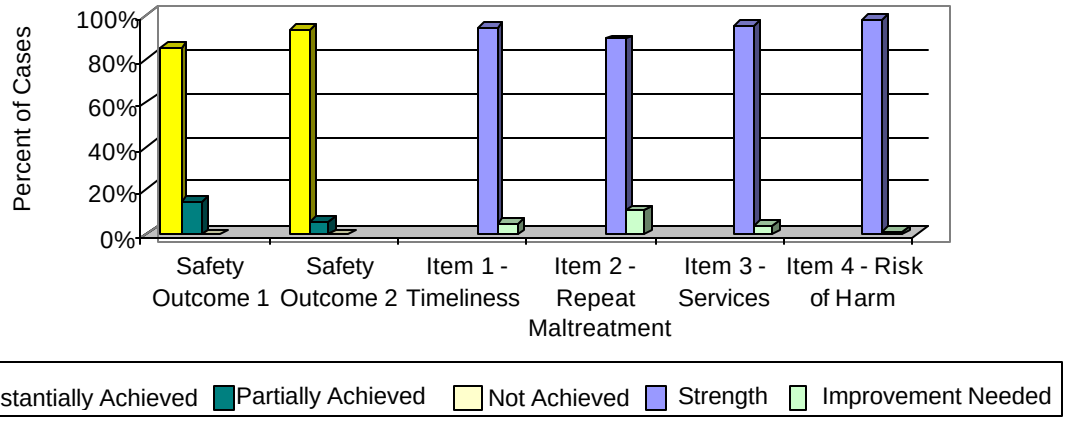
providers, and local social services staff that most LDSS respond quickly to abuse and neglect complaints involving immediate danger.

Results from the second case review (fall 2002) of on-going CPS cases indicated substantial achievement of Safety Outcome 1 in 85 percent of the cases and substantial achievement of Safety Outcome 2 in 94 percent of the cases (see Figure 7). Each local supervisor selected one record to review and rated it. Additional findings for the subsequent review revealed that the four safety items were each rated as a strength in over 90 percent of the cases reviewed, with the exception of repeat maltreatment (89 percent):

- Safety Item 1: Timeliness of investigation was rated a strength in 95 percent of the cases reviewed.
- Safety Item 2: Repeat maltreatment, was an area of strength in 89 percent of the cases reviewed.
- Safety Item 3: Services provided to the family to protect the child in the home and prevent removal was rated an area of strength in 96 percent of the cases sampled.
- Safety Item 4: Risk of harm, was an area of strength in 98 percent of the cases sampled.

Figure 7

CPS Case Review of 48 Cases



VDSS plans to adopt a Structured Decision Making Model that will incorporate safety assessment and risk processes throughout the child welfare continuum. The CPS program currently has consensus-based tools for safety and risk assessment. LDSS in Alexandria, Norfolk, and Richmond City have initiated more extensive structured decision making processes. Child welfare program managers at VDSS have identified the need for consistency across program components and LDSS.

While Virginia is strong in safety overall, the statewide assessment identified some regional differences. The Western region of the state consistently faired less well than other regions on population-based safety indicators. The Western region is primarily rural and has the highest percent of children in families with income below poverty. In contrast, the Northern region, which faired the best, is largely suburban and has the lowest percent of children in families with income below poverty. As Virginia looks toward continued

improvement in child safety, the concerns of the Western region, which may differ from those of the urban and suburban areas of the state, should be considered.

Summary

Strengths ensuring child safety in Virginia include:

Virginia's recurrence of maltreatment of 3.77 percent is below the federal minimum standard of 6.1 percent.

- Virginia's incidence of child maltreatment by the foster care provider of 0.35 percent is below the federal standard of 0.57 percent.
- Virginia's child maltreatment rate is about half that of the nation.
- Program policy requires face-to-face contact with the alleged child victims of maltreatment and completion of an initial safety assessment at the first contact.
- A structured format for identifying safety and protective factors and developing a safety plan is in place to strengthen the initial safety assessment and planning process.
- A risk assessment is completed by the worker at the close of each investigation and family assessment to determine whether or not a case should be opened for on-going CPS services.
- A criminal background and child abuse/neglect Central Registry check are required for any individual with whom LDSS is considering placing a child on an emergency, temporary, or permanent basis.
- Virginia places strong emphasis on prevention, from primary prevention of child abuse and neglect to prevention of foster care placement.
- Virginia has implemented a Differential Response System (DRS) in order to promote community collaboration in family needs assessments and service provisions to CPS families. The Differential Response System encourages worker-family partnerships while it enables the identification and provision of services to promote safe family relationships, building on family strengths and family perception of needs to protect the child. VDSS has initiated a comprehensive evaluation of the impact and effectiveness of DRS.
- Virginia has a strong State Child Fatality Review Team, chaired by the Chief Medical Examiner. The Team has as its goal the development of strategies for prevention, education and training that may reduce child deaths in the future.

Areas needing improvement:

- As Virginia continues to address child fatality, particular attention should be given to reducing the maltreatment death rates in the Eastern and Western regions of the state as the rates are more than 50 percent higher than the statewide rate.
- Timeliness in initiating an investigation and lapse of time from family assessment or investigation to initiation of services appear to need improvement.
- Workers have encountered barriers to obtaining emergency out-of-state criminal record checks.

- As Virginia looks toward continued improvement in child safety, concerns of the Western region, which may differ from those of the urban and suburban areas of the state, should be considered.
- OASIS, Virginia's automated system, is not used statewide for recording on-going CPS case information, and workers have not consistently used the case connect function to document that a services case was opened.

Strategies for strengthening child safety in Virginia:

- VDSS plans to adopt a structured decision-making model that will incorporate safety assessment and risk processes throughout the child welfare continuum.
- The on-going CPS case component of OASIS is scheduled for implementation in late 2003.
- VDSS is developing a regular data report from OASIS to measure response time for reports of suspected abuse or neglect by locality. Lapse of time from family assessment or investigation to initiation of services will be monitored when the on-going CPS component of OASIS is implemented.
- VDSS will explore solutions to barriers in obtaining emergency out-of-state criminal checks.
- VDSS will continue to work with LDSS representatives to develop and implement an action plan to reduce risks that contribute to higher rates of abuse or neglect and maltreatment fatalities in the Eastern and Western regions of the state.
- VDSS will explore options for developing a child fatality review team in the Western region.

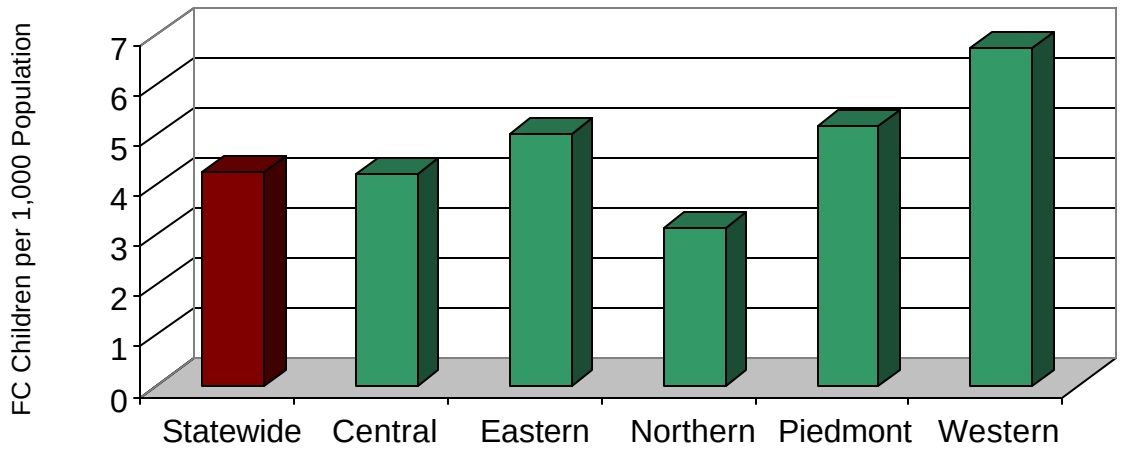
Permanency Outcomes

Outcome P1: Children have permanency and stability in their living situations.
Outcome P2: The continuity of family relationships and connections is preserved for children.

Overview

Virginia has a low rate of children in foster care, with four children in foster care per 1,000 children in its child population. This low rate is primarily due to the strong prevention initiatives throughout the state. However, when examined by local department of social services (LDSS), the foster care rate varies. For example, Fairfax County, the largest metropolitan area, has a ratio of 1.9 foster care children per 1,000 children. The range among all LDSS is a high of 28.5 percent in Charlottesville City to a low of less than one percent in several LDSS. The graph below indicates the variation by region. Northern region, which has over 30 percent of the state's foster care population, has the lowest rate of three children per 1,000 child population. Western region has 10 percent of the foster care population but almost seven children per 1,000.

Figure 1
Number of Foster Care Children by Region per 1,000 children in population



Virginia's foster care population includes children who are not reported to AFCARS. These children and young adults who do not meet federal parameters include:

- Children whose legal custody has been transferred to LDSS, although they remain in their own home, and
- Young adults over age 18 who choose to remain in foster care placement until age 21 (those age 18 and eligible for Title IV-E are included in AFCARS).

Virginia's "Point-in-Time" (Table 1) and "First Time Entry Cohort" (Table 2) Permanency Profile data follow.

Table 1: ***Virginia's Permanency Profile: Point-in-Time Permanency***

All Statewide Localities	1999		2000		2001	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in Foster Care On 1st Day of Yr.	5804		5871		6055	
Entries During Year	2683		2738		2904	
Exits During Year	1715		1826		2096	
Children in Care On Last Day of Year	6778		6789		6866	
Net Change During Year	974	11.5%	918	10.7%	811	9.0%
II. Placement Types for Children in Care						
Pre-Adoptive Homes	296	4.4%	356	5.2%	334	4.9%
Foster Family Homes (Relatives)	192	2.8%	226	3.3%	248	3.6%
Foster Family Homes (Non-Relatives)	4344	64.1%	4235	62.4%	4215	61.4%
Group Homes	210	3.1%	224	3.3%	258	3.8%
Institutions	1143	16.9%	1132	16.7%	1181	17.2%
Supervised Independent Living	94	1.4%	84	1.2%	90	1.3%
Runaway	126	1.9%	125	1.8%	92	1.3%
Trial Home Visit	234	3.5%	225	3.3%	292	4.3%
Missing Placement Information	73	1.1%	79	1.2%	69	1.0%
Not Applicable (Placement Subsequent	66	1.0%	103	1.5%	87	1.3%
III. Permanency Goals for Children in Care						
Reunification	1281	18.9%	1310	19.3%	1529	22.3%
Live with Other Relatives	370	5.5%	358	5.3%	468	6.8%
Adoption	2140	31.6%	2105	31.0%	1932	28.1%
Long Term Foster Care [1]	1385	20.4%	1510	22.2%	1577	23.0%
Emancipation [2]	1447	21.3%	1297	19.1%	1089	15.9%
Guardianship [3]	42	0.6%	54	0.8%	52	0.8%
Case Plan Goal Not Established	69	1.0%	95	1.4%	153	2.2%
Missing Goal Information	86	1.3%	114	1.7%	118	1.7%
IV. Number of Placement Settings in Current Episode						
One Placement	3996	59.0%	3243	47.8%	2886	42.0%
Two Placements	1622	23.9%	1774	26.1%	1801	26.2%
Three Placements	615	9.1%	824	12.1%	972	14.2%
Four Placements	256	3.8%	423	6.2%	446	6.5%
Five Placements	140	2.1%	222	3.3%	301	4.4%
Six Or More Placements	97	1.4%	250	3.7%	422	6.1%
Missing Placement Information	52	0.8%	53	0.8%	38	0.6%
V. Number of Removal Episodes						
One Removal	6619	97.7%	6478	95.4%	6506	94.8%
Two Removals	156	2.3%	295	4.3%	332	4.8%
Three Removals	3	0.0%	11	0.2%	21	0.3%
Four Removals	0	0.0%	5	0.1%	7	0.1%
Five Removals	0	0.0%	0	0.0%	0	0.0%
Six Or More Removals	0	0.0%	0	0.0%	0	0.0%
Missing Removal Information	0	0.0%	0	0.0%	0	0.0%
VI. Number of Children in Care 17 of the most recent 22 months						
% Based on Cases with Sufficient Info.	3013	54.5%	3075	54.8%	3160	53.7%

Table 1: ***Virginia's Permanency Profile: Point-in-Time Permanency*** *(continued)*

	1999		2000		2001	
	Number	**Months**	**Number**	**Months**	**Number**	**Months**
VII. Median Length of Stay in Foster Care						
Of Children in Care on Last Day of FY		22.3		21.8		20.4
VIII. Length of Time to Achieve Permanency Goal						
Reunification	903	5	858	4.1	1018	4.7
Adoption	208	41.1	355	39	420	37.1
Other	590	32.6	602	35	653	30.3
Missing Discharge Reason	0	N/A	0	N/A	0	N/A
Missing Date Latest Removal or Date	14	N/A	11	N/A	5	N/A
Aggregate Data Used in Determining Substantial Conformity	**# of Children**	**% of Children**	**# of Children**	**% of Children**	**# of Children**	**% of Children**
IX. Of all children reunified with parents or caretakers at the time of exiting from care, what % reunified less than 12 months from latest removal? (4.1) [Standard: 76.2% or more]	652	71.2%	624	72.2%	752	73.6%
X. Of all children exited to finalized adoption, what % exited care less than 24 mo. from time of latest removal from home? (5.1) [Standard: 32.0% or more]	26	12.5%	73	20.6%	75	17.9%
XI. Of children served in foster care less than 12 mo. from time of the latest removal from home, what % have had no more than 2 placement settings? (6.1) [Standard: 86.7 % or more]	2563	88.6	2529	85.8%	2718	84.8%
XII. Of all children who entered care during year, what % re-entered within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	88	3.3%	106	3.9%	103	3.5%

[1] In Virginia, Long Term Foster Care includes the goals of Permanent Foster Care, Another Planned Permanent Living Arrangement (APPLA), and Continued Foster Care.

[2] In Virginia, Emancipation is the same as the goal of Independent Living.

[3] Virginia does not have a goal of Guardianship, although OASIS permitted cases to be coded to this federally-recognized goal.

Table 2: ***Virginia's Permanency Profile: First Time Entry Cohort Group***

All Statewide Localities	1999		2000		2001	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group						
%=1st time entry all enter in 1st 6 months	1256	95.30%	1181	92.70%	1257	92.90%
II. Most Recent Placement Types						
Pre-Adoptive Homes	21	1.70%	21	1.80%	14	1.10%
Foster Family Homes (Relatives)	53	4.20%	64	5.40%	59	4.70%
Foster Family Homes (Non-Relatives)	783	62.30%	771	65.30%	796	63.30%
Group Homes	50	4.00%	30	2.50%	43	3.40%
Institutions	226	18.00%	179	15.20%	207	16.50%
Supervised Independent Living	13	1.00%	10	0.80%	15	1.20%
Runaway	17	1.40%	25	2.10%	13	1.00%
Trial Home Visit	80	6.40%	56	4.70%	94	7.50%
Missing Placement Information	8	0.60%	16	1.40%	9	0.70%
Not Applicable (Placement Subseq. Yr)	5	0.40%	9	0.80%	7	0.60%
III. Most Recent Permanency Goal						
Reunification	531	42.30%	450	38.10%	551	43.80%
Live with Other Relatives	132	10.50%	145	12.30%	174	13.80%
Adoption	256	20.40%	233	19.70%	209	16.60%
Long Term Foster Care [1]	106	8.40%	124	10.50%	115	9.10%
Emancipation [2]	202	16.10%	144	12.20%	129	10.30%
Case Plan Goal Not Established	12	1.00%	37	3.10%	44	3.50%
Missing Goal Information	17	1.40%	48	4.10%	35	2.80%
IV. Number of Placement Settings in Current Episode						
One Placement	735	58.50%	657	55.60%	664	52.80%
Two Placements	350	27.90%	314	26.60%	359	28.60%
Three Placements	107	8.50%	130	11.00%	138	11.00%
Four Placements	38	3.00%	42	3.60%	48	3.80%
Five Placements	12	1.00%	17	1.40%	22	1.80%
Six Or More Placements	7	0.60%	11	0.90%	21	1.70%
Missing Placement Information	7	0.60%	10	0.80%	5	0.40%
V. Reason for Exiting						
Reunification/Relative Placement	297	82.70%	288	88.10%	302	88.60%
Adoption	0	0.00%	2	0.60%	2	0.60%
Other	62	17.30%	37	11.30%	37	10.90%
Unknown (Missing Discharge Reason)	0	0.00%	0	0.00%	0	0.00%
VI. Median Stay in Foster Care	29.4 Months		Not yet reached		Not yet reached	

[1] In Virginia, Long Term Foster Care includes the goals of Permanent Foster Care, Another Planned Permanent Living Arrangement (APPLA), and Continued Foster Care.

[2] In Virginia, Emancipation is the same as the goal of Independent Living.

Analysis of Virginia's Permanency Data

1. ***Trends in Permanency Data.*** *Have there been notable changes in the individual data elements in the two permanency data profiles in section III over the past three years in the State? Identify and discuss any factors affecting the changes noted and the effects on permanency for children in foster care in the State.*

Examination of Virginia's permanency profiles indicates a number of trends.

- **Data on the flow of children in care each year indicate slight increases.** Net change from the last day of the previous year to the first day of the following year has declined, primarily because data entry has improved related to exits from placements and care.
- **Percentages by types of placement show little change across the three years.** While LDSS staff indicates that a greater proportion of children need residential care, the data does not indicate a shift from foster home to institutional placements, for example.
- **Relative foster home placements are increasing.** Three-year data indicates an increase of 29 percent in actual children in relative foster home placements. In relation to the other types of placements, the proportion of relative foster homes increased 0.8 percent, while non-relative home placements decreased 2.7 percent. Legislation in 2000 increased emphasis on relative placements, both as an alternative to foster care and a placement for children in care.
- **Children in group home and institutional placements are increasing.** The number of children in these residential programs increased six percent. In relation to other types of placements, group home and institutional placements increased one percent. In recent years, increasing numbers of children with emotional and behavioral disorders enter foster care, requiring residential treatment. With Virginia's low rate of children in foster care, only the most severe cases result in foster care placement; thus Virginia has a higher percent of group and institutional placements than the national average.
- **Children on trial home visits in FFY 2001 increased by almost 25 percent from FFY 1999.** The proportion in relation to other placements increased 0.8 percent. To ensure that children are safe when reunified with their parents, Virginia carefully assesses the parent's progress and utilizes trial home visits before returning children home. As a result, children are less likely to re-enter foster care. This increased emphasis on permanency and safety are likely to cause this trend.
- **In actual cases, children identified as runaways decreased by 27 percent over the three years**. Proportionately, this represents a one percent decrease in comparison to other placement types. The Virginia Department of Social Services (VDSS) has emphasized closer tracking of children. Thus, children are less likely to remain in a runaway category.
- **The number of children with a goal of reunification and relative placement increased 19.4 and 26.5 percent respectively over the three-year period.** The proportion of children with reunification and relative placement increased 3.4 and 1.3 percent respectively. These goals are the highest priority goals, emphasized in *Code of Virginia* and foster care permanency planning.

- **The number of children with a long term foster care goal increased almost 14 percent in actual cases, which was a 2.6 percent increase in proportion to the other goals.** Virginia has three goals combined in this category. Permanent Foster Care is a goal recognized in the *Code of Virginia* as a permanency goal for children who have bonded with their foster family and for whom other goals have been ruled out. Another Planned Permanent Living Arrangement, new in July 2000, is appropriate for severely handicapped children in residential treatment. Continued Foster Care is a third goal in this category, which is utilized as an interim goal to continue a child in foster care until a permanent plan is established. Of children in care statewide, 15 percent have the goal of Permanent Foster Care, four percent have the goal of Another Planned Permanent Living Arrangement, and three percent have the goal of Continued Foster Care.
- **Over the three-year period, the actual number of children with an emancipation (Independent Living) goal decreased 24.7 percent, a 5.4 percent proportional decrease.** Youth, age 16 and over, for whom the goals of reunification, placement with relatives, adoption, and permanent foster care have been ruled out, may have a goal of independent living. The decrease reflects a shift toward principles of the Chafee Foster Care Independence Act that all children deserve a permanent home, regardless of age.
- **The number of placements that children are experiencing has been increasing.** Virginia data, however, indicates that placements are more stable than the national average.
- **The number and percentage of children who have more than one removal episode is slightly increasing over time.** Part of the reason for the trend may be attributable to past data integrity problems. Because historical information from the legacy system did not fully import into OASIS, prior removal episodes may not be in OASIS.
- **The median length of stay for children in foster care decreased eight percent, from 22.3 to 20.4 months over the three-year period.** This trend indicates that children in foster care are achieving permanency in a shorter period of time.
- **The length of time to achieve adoption in the three-year period decreased 9.7 percent, denoting that permanency planning is positively impacting adoption.** Length of time for reunification also decreased six percent over the three-year period. Simultaneously, the number of children having a goal of reunification/relative placement or adoption increased. Together these factors indicate permanency planning efforts are resulting in shortened lengths of foster care stay.
- **The number of children achieving three permanency performance indicators is increasing.** The percentage achievement for the indicator for adoption within 24 months increased each year. The reunification and placement stability indicators percent had an overall increase in the three-year period. Virginia's permanency planning efforts are reflected in gradual increases in these outcome indicators.

Details of these trends will be discussed in items 2 through 10 in response to remaining questions in this section.

Virginia is focused on permanency for children in foster care. Virginia's permanency planning legislation and training in conjunction with the Court Improvement Project, which pre-dated ASFA, has helped to ensure that children do not linger in foster care.

Improved use of and confidence in OASIS over the three-year period has led to improved accuracy in current data. Virginia implemented its SACWIS system in 1998, and has been making system enhancements and providing training to improve system use. Thus, data for FFY 2001 is more accurate than that from 1999. Particularly, documentation of exits from care has improved, demonstrated by reduction in net change in number of children from the last day of one fiscal year to the first day of the next year.

VDSS has developed a "Virginia Child Welfare Outcomes Reports" application, providing data by locality or combination of localities, region, and statewide. This application contains a total of 50 reports, including details of the permanency profiles and reports to Congress for FFY 1999, 2000, and 2001. As soon as 2002 data is available, it will be included. Each LDSS has ready access to this data, multiple other OASIS reports, and current demographic data posted on the Intranet, provides them with information necessary for analysis, planning, and decision-making. Such accessibility increases management and leaders' recognition of the value of accurate data and results in their support of data integrity at the local level, resulting in continued improvements in accuracy of data.

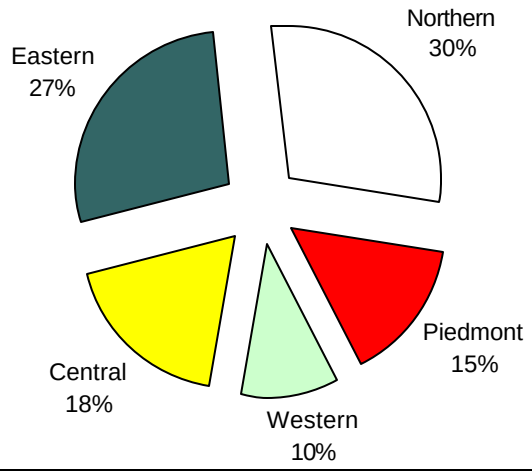
2. ***Foster Care Population Flow.*** *Identify and discuss any issues raised by the data regarding the composition of the State's foster care population, rates of admissions and discharges, and changes in this area. Discuss the State's ability to ensure that the children who enter foster care in the State are only those children whose needs for protection and care cannot be met in their own homes. (Point-in-Time Data Element I and Cohort Data Element I)*

Virginia's total foster care population number has remained relatively stable over the three-year period, showing slight growth. VDSS state data indicates that the greatest growth is in the older teen population, specifically those age 16 or 17. Most local directors cited growth in older teens and early adolescents entering foster care. Judicial, provider, and LDSS staff focus groups also reported a trend of older children, especially teenagers, entering foster care.

Increasingly, children are entering foster care because of reasons other than abuse or neglect. Judicial and LDSS focus groups have affirmed the trend toward placement into foster care due to delinquency and children in need of services (CHINS). According to recent survey findings, the majority (approximately 80 percent) of LDSS directors reported an increase in the number of adolescents, CHINS, and children with physical, mental or emotional disabilities entering foster care. This non-traditional foster care population negatively impacts Virginia's ability to achieve permanency goals timely as these children are in care because of their needs and/or behavior. Therefore, they may remain in long-term foster care.

Northern region has the highest number of children in foster care, closely followed by Eastern region; Western region has the lowest. The Northern region, which covers cities and counties bordering on the District of Columbia to Charlottesville, is experiencing increases in foster care cases, proportionate to high population growth. Most recent VDSS data for calendar year (CY) 2002 reveals that Northern region has over 30 percent of children in foster care, indicating greater growth in that region (see Figure 2).

Figure 2
Foster Care Children by Region
CY 2002 Average



Virginia's low foster care rate (four children in foster care out of 1,000 children in the general population) is attributable to the state's strong prevention services. The *Code of Virginia* defines foster care services to include services for children and families to prevent foster care placement. Under the Comprehensive Services Act (CSA), these children and families are mandated recipients of such services. In addition, Virginia utilizes funding from Safe and Stable Families and the Social Services Block Grant to enhance prevention services. July 2000, changes to the *Code of Virginia* placed greater emphasis on relative and other interested persons, with assurance of child safety, as an alternative to foster care.

Table 3 indicates data and changes over the three-year period related to population flow.

Table 3: **Foster Care Population Flow**	1999		2000		2001		Fiscal Year Changes		
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children	Change % 99-00	Change % 00-01	Change % 99-01
Children in Foster Care On 1st Day of Yr.	5804		5871		6055		1.2%	3.1%	4.3%
Entries During Year	2683		2738		2904		2.0%	6.1%	8.2%
Exits During Year	1715		1826		2096		6.5%	14.8%	22.2%
Children in Care On Last Day of Year	6778		6789		6866		0.2%	1.1%	1.3%
Net Change During Year	974	11.5%	918	10.7%	811	9.0%	-5.7%	-11.7%	-16.7%
I. Number of children entering care for the first time in cohort group									
Children 1st time entry - all enter in 1st 6 months	1256	95.3%	1181	92.7%	1257	92.9%	-6.0%	6.4%	0.1%

Entries into foster care are increasing slightly. Data for the three-year period indicate an eight percent increase. However, the first time entry cohort numbers show a drop in 2000 but no significant change from 1999 to 2001.

Disparity between the number of cases open on the last day of the year and the first of the next is due to case closures without proper discharges in the automated system. VDSS has been working to correct this problem, and results in 2001 are beginning to show improvement, as demonstrated by the greater increase in exits and decrease in net change.

3. ***Placement Types for Children in Foster Care.*** *How well is the State able to ensure that children are placed in the types of placements that are the most family-like and most appropriate for their individual needs, both at the time of initial entry into foster care and throughout their stay in foster care? (Point-in-Time Data Element II and Cohort Data Element II)*

Approximately 70 percent of children are placed in a family setting. Most children are in a non-relative foster home. As part of a deep commitment to serve children in family homes and to utilize the least restrictive placement, many LDSS contract with licensed child-placing agencies. These child-placing agencies train and oversee therapeutic foster homes for children who would otherwise be placed in residential facilities.

Table 4 displays Virginia's data and changes for the three-year period.

Table 4: **Placement Types for Children in Care**	**1999**		**2000**		**2001**		**Fiscal Year Changes**		
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children	Change % 99-00	Change % 00-01	Change % 99-01
Pre-Adoptive Homes	296	4.4%	356	5.2%	334	4.9%	20.3%	-6.2%	12.8%
Foster Family Homes (Relatives)	192	2.8%	226	3.3%	248	3.6%	17.7%	9.7%	29.2%
Foster Family Homes (Non-Relatives)	4344	64.1%	4235	62.4%	4215	61.4%	-2.5%	-0.5%	-3.0%
Group Homes	210	3.1%	224	3.3%	258	3.8%	6.7%	15.2%	22.9%
Institutions	1143	16.9%	1132	16.7%	1181	17.2%	-1.0%	4.3%	3.3%
Supervised Independent Living	94	1.4%	84	1.2%	90	1.3%	-10.6%	7.1%	-4.3%
Runaway	126	1.9%	125	1.8%	92	1.3%	-0.8%	-26.4%	-27.0%
Trial Home Visit	234	3.5%	225	3.3%	292	4.3%	-3.8%	29.8%	24.8%
Missing Placement Information	73	1.1%	79	1.2%	69	1.0%	8.2%	-12.7%	-5.5%
First Time Entry Cohort									
Pre-Adoptive Homes	21	1.7%	21	1.8%	14	1.1%	0.0%	-33.3%	-33.3%
Foster Family Homes (Relatives)	53	4.2%	64	5.4%	59	4.7%	20.8%	-7.8%	11.3%
Foster Family Homes (Non-Relatives)	783	62.3%	771	65.3%	796	63.3%	-1.5%	3.2%	1.7%
Group Homes	50	4.0%	30	2.5%	43	3.4%	-40.0%	43.3%	-14.0%
Institutions	226	18.0%	179	15.2%	207	16.5%	-20.8%	15.6%	-8.4%
Supervised Independent Living	13	1.0%	10	0.8%	15	1.2%	-23.1%	50.0%	15.4%
Runaway	17	1.4%	25	2.1%	13	1.0%	47.1%	-48.0%	-23.5%
Trial Home Visit	80	6.4%	56	4.7%	94	7.5%	-30.0%	67.9%	17.5%
Missing Placement Information	8	0.6%	16	1.4%	9	0.7%	100.0%	-43.8%	12.5%

Over 20 percent of children are in either residential treatment or group homes. Under CSA, all children placed in these settings are carefully reviewed prior to initial placement

and at least semi-annually thereafter by a multidiscipline team. Required utilization review ensures children are "stepped down" as soon as they are able to function in a family setting. A corollary to Virginia's low foster care rate per thousand is a higher incidence of foster care youth with significant emotional and/or behavioral problems requiring residential treatment. State FY 2002 data indicates that during the six-month period between April 2002 and October 2002, 1,234 of the 8,002 children in foster care were emotionally disturbed. With Virginia's increased focus on safety and services to children at risk of entry into foster care, it is not surprising that the children who ultimately enter foster care are those more severely traumatized. As a result, a higher proportion of children require residential treatment than is seen in national data.

Relative foster home placements are increasing. Three-year data indicates a 29 percent increase in relative foster home placements that reflect permanency-planning changes. Legislation in 2000 increased emphasis on relative placements, both as an alternative to foster care and a placement for children in care, as long as safety aspects are carefully considered. The first time entry cohort indicates a higher portion of placements in relative homes than is seen in the full population.

Group home and institutional placements are increasing slightly. Children coming into foster care in recent years have been increasingly disturbed, requiring residential treatment. With Virginia's low rate of children in foster care, only the most severe cases result in foster care placement; thus Virginia has a higher percent of group home and institutional placements than the national average.

Independent living placements are used very sparingly for youth under age 18, although foster care policy permits such placements for youth over age 16. Most of Virginia's independent living placements are for those between ages 18 and 21, and these young adults are not part of AFCARS reporting.

Trial home visits are more likely to occur in the first year of placement. Such a finding is congruent with the fact that there are a high percentage of children in the first time entry cohort with a goal of reunification.

Adequate foster family homes continue to be a challenge for LDSS, particularly for older youth. Although agencies recruit and train homes, LDSS staff consistently report insufficient homes.

4. ***Permanency Goals for Children in Foster Care****. Discuss the extent to which children in care are moving safely into permanent living arrangements on a timely basis and issues affecting the safe, timely achievement of permanency for children in the State. (Point-in-Time Data Elements III & VIII and Cohort Data Elements III & V)*

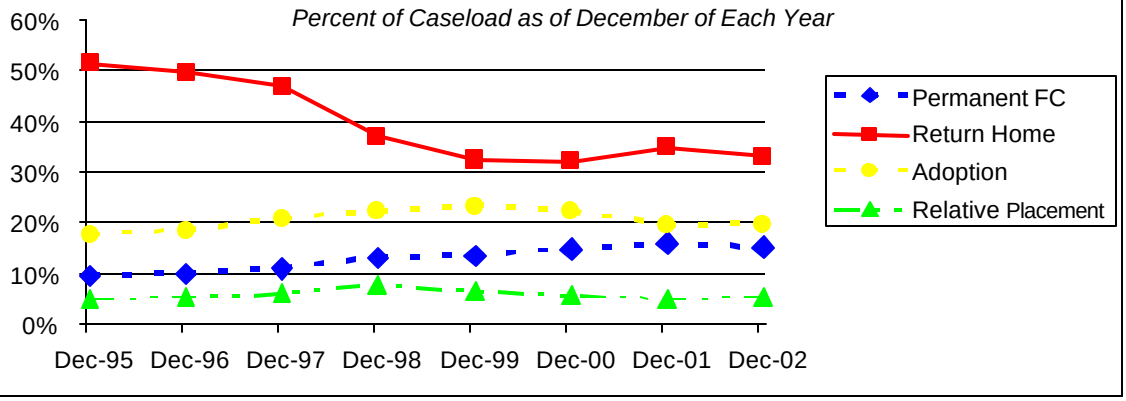
The *Code of Virginia* and Foster Care policy place first priority on reunification. When this is not possible, the second priority goal is placement with relatives. Adoption is the third priority goal if the first two goals are not feasible.

Virginia significantly enhanced permanency planning through its Court Improvement Project (CIP) prior to Adoption and Safe Families Act (ASFA). In collaborations between the CIP, under the direction of the Supreme Court of Virginia, and VDSS, legislative changes

over several years and extensive training of juvenile courts, social services staff, and other legal entities have occurred.

Early permanency planning resulted in a shift in goals for children in foster care from reunification to other permanency options. Court-related focus groups indicated that permanency planning has helped to expedite the process of achieving permanency goals for children in foster care, but there are many factors, such as a parent's substance abuse, that limit the percentage of children who return home by the first permanency hearing. Virginia data from 1995 through 1999 indicate more than a 26 percent drop in children with the goal of reunification, and over a 50 percent increase in children with a goal of relative placement, adoption, or permanent foster care. These shifts are illustrated in Figure 3.

Figure 3
Foster Care Goals by Percent
Percent of Caseload as of December of Each Year



Although the goal of placement with a relative is second priority, Virginia does not have a formal kinship care program. Currently, relatives caring for children can receive Temporary Assistance for Needy families (TANF), although these payments are significantly lower than foster family rates. Virginia is exploring options to establish a kinship care program as relatives caring for children is a growing trend. One alternative that is being explored is to establish a mechanism for guardianship and apply for a waiver that will allow Virginia to have a subsidized guardianship program.

Children with the goal of adoption peaked in 1999 as a result of meeting compliance with the ASFA requirement for filing a petition for termination of parental rights for all children who had been in foster care 15 of the most recent 22 months. Although the number of children with the goal of adoption has decreased since 1999, the number of children with the goal of adoption in 2001 remains higher than those with this goal prior to implementation of ASFA (see Figure 4).

Figure 4
Children with Goal of Adoption

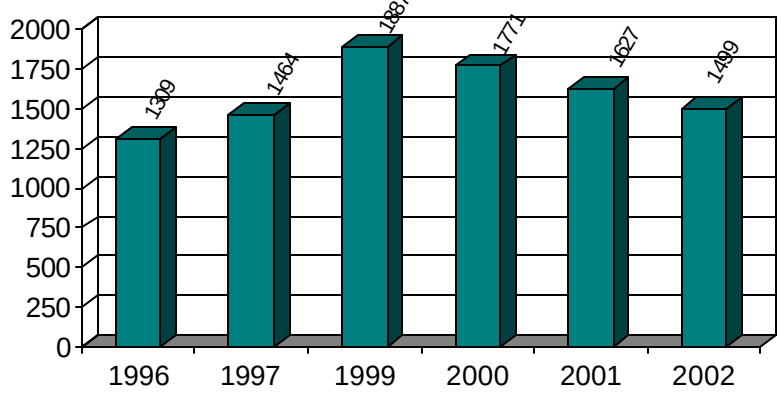


Table 5 displays Virginia's permanency goal data and changes for the three-year period based on AFCARS.

Table 5: **Permanency Goals for Children in Care**	**1999**		**2000**		**2001**		**Fiscal Year Changes**		
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children	Change % 99-00	Change % 00-01	Change % 99-01
Reunification	1281	18.90%	1310	19.30%	1529	22.30%	2.3%	16.7%	19.4%
Live with Other Relatives	370	5.50%	358	5.30%	468	6.80%	-3.2%	30.7%	26.5%
Adoption	2140	31.60%	2105	31.00%	1932	28.10%	-1.6%	-8.2%	-9.7%
Long Term Foster Care	1385	20.40%	1510	22.20%	1577	23.00%	9.0%	4.4%	13.9%
Emancipation	1447	21.30%	1297	19.10%	1089	15.90%	-10.4%	-16.0%	-24.7%
Guardianship	42	0.6%	54	0.8%	52	0.8%			
Case Plan Goal Not Established	69	1.00%	95	1.40%	153	2.20%	37.7%	61.1%	121.7%
Missing Goal Information	86	1.30%	114	1.70%	118	1.70%	32.6%	3.5%	37.2%
Length of Time to Achieve Permanency Goal	**1999**		**2000**		**2001**		**Changes in Months**		
	# of Children	Months	# of Children	Months	# of Children	Months	Change % 99-00	Change % 00-01	Change % 99-01
Reunification	903	5	858	4.1	1018	4.7	-18.0%	14.6%	-6.0%
Adoption	208	41.1	355	39	420	37.1	-5.1%	-4.9%	-9.7%
Other	590	32.6	602	35	653	30.3	7.4%	-13.4%	-7.1%
Missing Discharge Reason	0	N/A	0	N/A	0	N/A	--	--	--
Missing Date Latest Removal or Date	14	N/A	11	N/A	5	N/A			

First Time Entry Cohort									
Most Recent Permanency Goal for Children in Care	**1999**		**2000**		**2001**		**Fiscal Year Changes**		
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children	Change % 99-00	Change % 00-01	Change % 99-01
Reunification	531	42.30%	450	38.10%	551	43.80%	-15.3%	22.4%	3.8%
Live with Other Relatives	132	10.50%	145	12.30%	174	13.80%	9.8%	20.0%	31.8%
Adoption	256	20.40%	233	19.70%	209	16.60%	-9.0%	-10.3%	-18.4%
Long Term Foster Care	106	8.40%	124	10.50%	115	9.10%	17.0%	-7.3%	8.5%
Emancipation	202	16.10%	144	12.20%	129	10.30%	-28.7%	-10.4%	-36.1%
Guardianship	10	0.8	11	0.9	10	0.8			
Case Plan Goal Not Established	12	1.00%	37	3.10%	44	3.50%	208.3%	18.9%	266.7%
Missing Goal Information	17	1.40%	48	4.10%	35	2.80%	182.4%	-27.1%	105.9%
Median Stay in Foster Care	2.9	Months	2.3	Months	2	Months	-20.7%	-13.0%	-31.0%

Virginia has a lower proportion of children in care with the goal of reunification than the national average. Reunification is the highest priority goal for children in foster care. VDSS data for March 2003 indicate that over 27 percent of children have this goal, while adoption is 20 percent.

Long-term foster care is a higher proportion of cases than the national average. It encompasses three goals recognized in the *Code of Virginia,* specifically Permanent Foster Care, Another Planned Permanent Living Arrangement (APPLA), and Continued Foster Care. In July 2000, Virginia implemented a new goal, APPLA, for severely handicapped children who require residential treatment. Continued Foster Care is used as an interim goal to continue a child in foster care until a permanent plan is established. About four percent of children have APPLA and another three percent have continued foster care as the goal.

Virginia's Permanent Foster Care, which provides a permanent home for an older child who has bonded with his foster family, has increased significantly in recent years. About 15 percent of children in care have this goal. Historically part of statute for many years, Permanent Foster Care has increased primarily due to time frames in permanency planning. By statute, a child "achieved" the goal of permanent foster care when the juvenile court ordered the child be placed into a specific foster care home. Effective July 2002, the *Code of Virginia* was amended to require annual court hearings of children in Permanent Foster Care. These hearings explore:

- Appropriateness of the services being provided to the child and permanent foster parents;
- Any change in circumstances since the child was placed in permanent foster care; and
- Other factors as the court deems proper, such as re-consideration of adoption.

Once the court orders permanent foster care in a particular home, the child can only be removed from that home through court order or child protective services finding that necessitates removal. Federal law defines legal guardianship as "a judicially created relationship between child and caretaker which is intended to be permanent and

self-sustaining as evidenced by the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decisionmaking" (SEC. 475. [42 U.S.C. 675]). Permanent foster care is a judicially created relationship that is intended to be permanent. Permanent foster parents have rights and legal authority to consent to surgery, military service, marriage, application for driver's license, college admission, and other such parental consent. The key difference between permanent foster care and legal guardianship is that custody remains with the LDSS, rather than the foster parents. Permanent foster care permits the foster parent to continue to receive financial support for the child and thus improves the opportunity for the child to remain in the home.

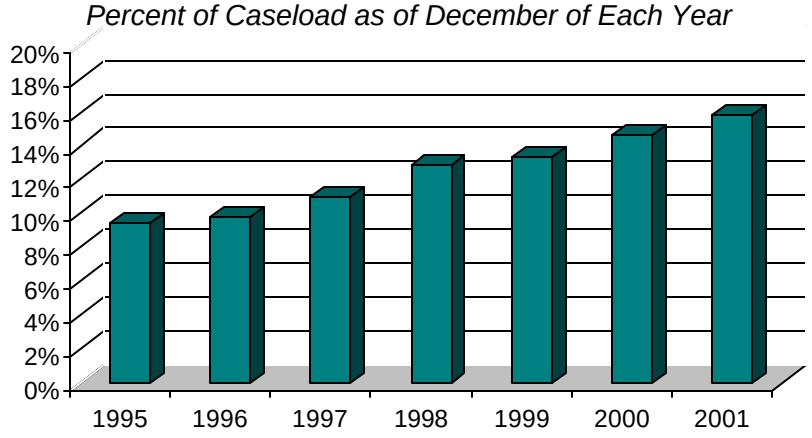
Permanent foster care is intended only for a child for whom the goals of return home, placement with a relative, and adoption have been eliminated. The child should have a positive relationship with the specific foster parent before the goal is selected. Further, foster care policy requires that the LDSS only seek permanent foster care for children, age 12 or over, unless the regional office has been consulted or the child is part of a sibling group.

About 15 percent of children in foster care have the goal of Permanent Foster Care. Analysis of the percentage of children in foster care over a seven-year period indicates an 80 percent increase in the number of children having a goal of permanent foster care (see Figure 5).

Figure 5

Permanent Foster Care

Percent of Caseload as of December of Each Year



Children with a goal of permanent foster care are on average in foster care 77 months, in contrast to the overall average of 36 months. Permanent foster care is used primarily for:

- Older children who do not wish to have parental rights terminated
- Children placed with relatives, and the relatives do not want to adopt or the children do not want to be adopted;
- Children who are part of a larger sibling group, and who wish to remain together;
- Children who have bonded with their foster parent, and the foster parent is unwilling to adopt; and

- Children with severe handicapping conditions who would end up in residential treatment if not placed in a loving permanent foster home arrangement.

LDSS staff, providers, and court personnel focus groups indicated that permanent foster care is the only available recourse when terminating parental rights and/or adoption are not viable options.

A detailed review of data suggests some permanent foster care cases do not meet policy intent.

- The goal has been selected for children who are younger than 12 for about 12 percent of the children, a population for whom this arrangement is not intended. Some of these children are part of a sibling group, however, which is a permissible exception to the age criteria.
- Out of the entire group of children with a permanent foster care goal, 12 percent are placed in non-family placements (e.g., residential, group homes). A few LDSS have indicated that some children in residential care want the permanency of a family, and permanent foster care could offer that family. It suggests, however, that permanent foster care may be selected as a goal for youth who have not demonstrated a "stable and secure" attachment to foster parents.

Virginia does not have a goal of guardianship, a federally identified goal. Virginia's permanency profile indicates a few children incorrectly coded as guardianship in OASIS. Virginia has no legal provision for guardianship.

Over the three-year period, the number of children with an emancipation goal (Independent Living) decreased almost 25 percent. Youth, age 16 and over, for whom the goals of reunification, placement with relatives, adoption, and permanent foster care have been ruled out, may have a goal of independent living. The decrease in youth with this goal likely reflects the intent of the Chafee Foster Care Independence Act, that older youth should have a permanency goal other than emancipation wherever feasible.

The number of months to achieve permanency goals has decreased over seven percent from 1999 to 2001. The length of time to achieve adoption decreased almost 10 percent, which reflects the emphasis on this goal.

Among the children entering care during the first six months of the year, the median time to reunify a child is short, only two months. In the three-year period, the median length of stay decreased 30 percent for the first time cohort, and nine percent for all children. Additionally, Virginia's foster care re-entry rate is lower than the federal standard. Taken together, these data indicate that children reunified with their parents are being safely maintained in that setting.

5. ***Achievement of Reunification.*** *Discuss whether the State's data regarding achievement of reunification within 12 months from the time of the latest removal from home conform with the national standards for this indicator. Identify and discuss issues affecting conformity and how the State is addressing the issues. (Point-in-Time Data Element IX)*

Virginia data shows steady improvement in the percentage of children who return home within 12 months of entry in each year, although it is not yet meeting the federal

standard. FFY 2001 data indicates that 752 children (73.6 percent) did return home in the required time frames, although, to meet the standard, an additional 23 children should have returned home within the time period. LDSS workers surveyed indicated birth parents not cooperating with services plans was the most common barrier to reunifying a child with their family within a 12-month period. Other major barriers were parent's substance abuse, mental health problems, lack of employment or financial resources, or inadequate housing.

Table 6 displays Virginia's data and changes for the three-year period.

Table 6: **Reunification Performance Indicator**	**1999**		**2000**		**2001**		**Fiscal Year Changes**		
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children	Change % 99-00	Change % 00-01	Change % 99-01
Of all children reunified with parents or caretakers at the time of exiting from care, what % reunified less than 12 months from latest removal? (4.1) [Standard: 76.2% or more]	652	71.2%	624	72.2%	752	73.6%	Children -4.3% Percent: 1%	Children 20.5% Percent: 1.4%	Children 15.3% Percent: 2.4%

Through collaborative efforts with the Supreme Court of CIP, Virginia has made great strides in achieving permanency for children in foster care. Permanency planning in Virginia began prior to ASFA. Training of juvenile court judges, guardians ad litem, LDSS staff, and others have stressed the 12-month time frame for reunification. Such trainings and joint collaborations among courts and social services continue. The courts have implemented best practices to include: appointment of counsel to represent the parents, serving the parent to attend each hearing, and setting the date for the next hearing during the hearing currently before the court to ensure notice to all parties. CIP has trained 12 "best practice courts" to use innovative methods to establish permanency, and has plans to train other localities. VDSS regularly provides juvenile courts, through CIP, with listings of children in foster care to facilitate their monitoring and communications. This has proved to be a very effective tool in the interim until computer systems are developed to exchange such information.

6. ***Achievement of Adoption.*** *Discuss whether the State's data on children exiting foster care to a finalized adoption within less than 24 months from the latest removal from home conform to the national standard for this indicator. Identify and discuss issues affecting the number of children placed for adoption in the State and how the State is addressing the issues. (Point-in-Time Data Element X)*

Virginia has made great strides in adoption, reaching the Adoption 2002 challenge of doubling the number of children being adopted in 2000, two years before the deadline. As a result of these efforts, Virginia received Adoption Incentive Funds in FY 1999 and FY 2001.

Although more children are achieving adoption than ever before, Virginia is below the federal standard by 14 percent. In 2001, 75 children were adopted in the 24-month time frame. Data indicates that the numbers of children adopted within time frames almost tripled in the three-year period.

Table 7 displays Virginia's data and changes for the three-year period.

Table 7: **Finalized Adoptions**	1999		2000		2001		Fiscal Year Changes		
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children	Change % 99-00	Change % 00-01	Change % 99-01
Of all children exited to finalized adoption, what % exited care less than 24 mo. from time of latest removal from home? (5.1) [Standard: 32.0% or more]	26	12.5%	73	20.6%	75	17.9%	Children 180.8% Percent: 8.1%	Children 2.7% Percent: -2.7%	Children 188.5% Percent: 5.4%

Meeting the 24-month timeframe is difficult in those cases where parents appear to make progress toward reunification at the time the court is considering termination of parental rights. A petition for termination of parental rights may be filed at the same time the petition for the permanency hearing is held, but there must be a separate hearing for termination of parental rights. Hearings on petitions filed at the permanency planning hearing may not take place immediately and continuances of hearings remain a problem, even with efforts of the CIP to reduce the incidences of continuances. Survey respondents indicated that the termination of parental rights process and the lack of adoptive homes for older children are main reasons for delays in adoption. The need for adoptive homes for special needs children also contribute to adoption delays. Half of LDSS supervisors suggested holding to established time frames for reunification and use of concurrent planning as ways to improve timely adoptions.

Both supervisory requirements for adoptive placements and the length of time it takes to finalize the adoption in court impact Virginia's ability to meet the federal standard of 24 months. Virginia's laws require a six-month period of supervision after placement of a child in an adoptive home. This supervisory period has a two-fold purpose -- ensure stability of the placement and provide services to help the family and child deal with issues that arise. Additional time may be allowed if there are indicators of difficulties with the placement that require more intensive services. Once the petition has been filed, the agency has 90 days to complete an investigation and submit a report to the court. If the court finds that adoption is in the best interest of the child, a final order of adoption can be entered. Frequently, caseloads of workers and attorneys, and heavy court dockets prevent adherence to the minimum timeframe.

Achieving adoption for all children legally free for adoption is a very high priority for Virginia. Virginia has implemented numerous initiatives to increase the number of children leaving foster care to adoptive homes. Traditionally, these initiatives have included contracting with private agencies to provide a full array of adoption services to children registered with the Adoption Resource Exchange of Virginia (AREVA). In state FY 2002, 40 percent of the total adoptions resulted from these initiatives.

Beginning in FY 2003, Virginia changed its model for service provision to further increase adoptions. The new service model encourages:

- Development of partnerships directly between private agencies and LDSS;
- Establishment of collaboratives among LDSS; and
- Increased use of best practices to achieve timely adoptions, including concurrent planning and dual licensure of foster and adoptive home.

Virginia has contracted with a private agency, Coordinators/2, since 2001 to identify and eliminate barriers to inter-jurisdictional placements. As a result of this contract, a uniform home study template has been developed and disseminated to agencies statewide, which improves the quality of information provided and eliminates the barrier of having families disregarded because of a poorly written home study. This contract has several unique aspects, including match parties that bring workers across the state together to share families and waiting children. Bringing workers together builds trust among workers who meet each other personally and helps to establish networks among the workers. Another unique strategy is using interactive video conferencing to bring children and families together without having to travel long distances.

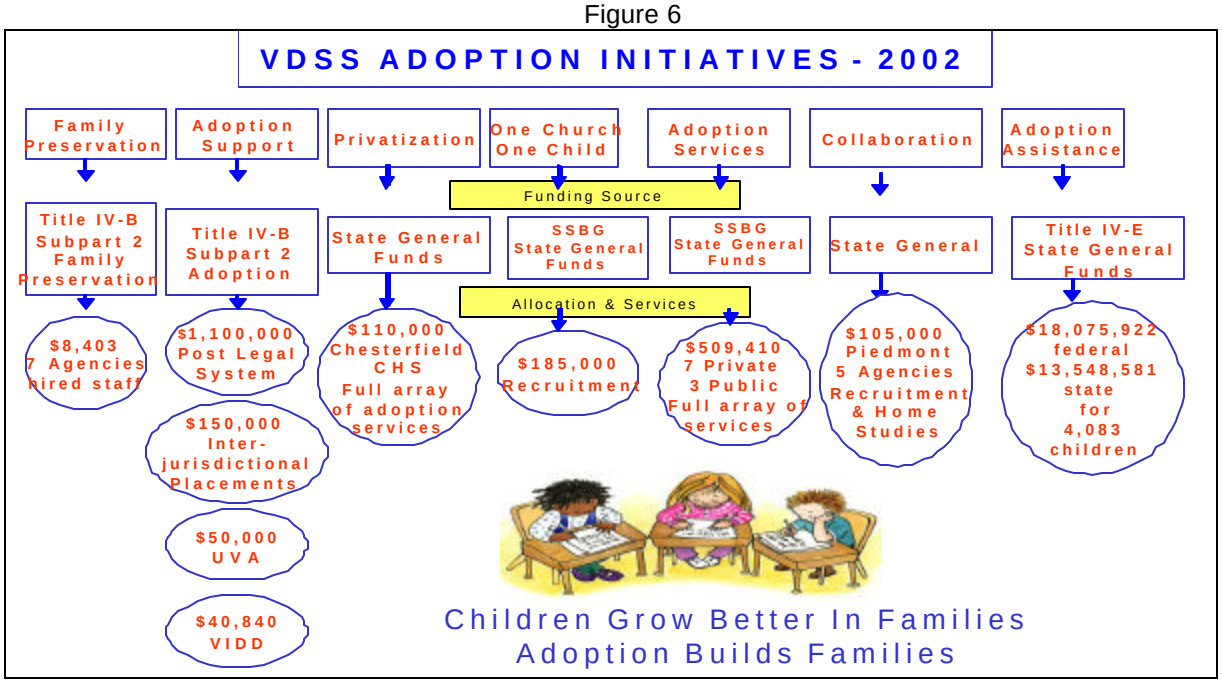
Virginia has also contracted with the University of Virginia since 2001 to conduct attachment assessments for pre-adoptive and adoptive families. The model for this assessment was developed by Dr. Bob Marvin. Attachments between adoptive parents and their children and the potential for attachment between a particular child and the prospective adoptive family are completed, in part, through observation of interactions between the children and parents.

Another contract with the Virginia Institute for Developmental Disabilities (VIDD) focuses on increasing respite care for adoptive families. Through this contract, staff from VIDD provides consultation and technical assistance to agencies in recruiting and preparing respite care providers.

Virginia has had a partnership with Virginia's One, Church One Child Program (OCOC) since 1986 to recruit African-American families. African-American children compose slightly over half of the children in foster care in Virginia. OCOC assists the state to comply with the Multi-ethnic Placement Act.

Figure 6 illustrates Virginia's adoption initiatives in 2002.

Figure 6



Virginia has one of the most comprehensive adoption assistance programs in the nation. Adoption assistance monthly maintenance payments can match the equivalent amount for maintenance while the child was in foster care, including therapeutic rates. Of all children leaving care through adoption in September 2002, 76 percent were adopted by their foster parents. These children are eligible to receive the same level of services they received in foster care, if necessary. The most unique aspect of Virginia's adoption assistance program is that adoption assistance is provided for children in residential treatment facilities. In addition to the Title IV-E adoption assistance expenditures, Virginia expended almost $10 million in state general funds for 1,459 children. State general funds are also used to pay for services not covered by Medicaid for children with Title IV-E adoption assistance agreements. Although adoption subsidies are available, foster parent and provider focus groups felt that some people do not know about subsidy provisions.

Virginia is a member of the Interstate Compact on Adoption and Medical Assistance (ICAMA). In FY 2001, 142 children received services through ICAMA and 269 children received services in FY 2002. Virginia was among the first of the states to pick up the Consolidated Omnibus Budget Reconciliation Act (COBRA) option and provide reciprocity for children coming into Virginia from other states.

Virginia also partners with AdoptUsKids to recruit families for waiting children. Prior to the change in management of the federal adoption exchange, Virginia worked with the National Adoption Exchange to download pictures and narratives of children to provide a website for Virginia's waiting children.

Virginia created an Adoptive Family Preservation Services system, utilizing Title IV-B, subpart 2 funding. This system, contracted through United Methodist Family Services, serves all adoptive families, including families who adopted from foreign countries and provides post-legal adoption services. The system became operational in June 2000. During the first funding period, June 2000 through September 2001, 950 children and 500 families were served. During FY 2002, 250 children and 158 families received services. A chart in the section on Service Array provides additional information on the structure of the system and services provided.

VDSS adoption staff serves on the advisory board for the Quality Improvement Centers for Adoption. Although this grant was awarded to one of Virginia's private agencies, VDSS works closely with the agency. As a member of the advisory board, VDSS staff helped to develop a needs assessment and a Request for Applications to reflect needs in the state identified by the needs assessment. This project can provide evidence-based best practices that can be duplicated nationally.

Virginia is striving to meet the federal standard of 32 percent of children's adoptions finalized in a 24-month period. However, this challenge presents a disincentive to achievement of adoption for children who have been in care more than 24 months. The greater the total numbers of children with a finalized adoption, the larger the number of children whose adoption must be achieved within 24 months in order to meet the 32 percent standard.

7. ***Termination of Parental Rights (TPR)***. *Discuss the extent to which the State complies with the requirement at section 475(5)(E) of the act regarding termination of parental rights for children who have been in foster care 15 of the most recent 22 months, for abandoned infants, and for children whose parents have been convicted of the listed felonies. Identify and discuss the issues that affect timely termination of parental rights, where appropriate, including the use of the exceptions to the TPR provisions. (Point-in-Time Data Element VI)*

VDSS law and policies reflect requirements to file for termination of parental rights.

Virginia's juvenile court judges take termination of parental rights very seriously. Of the LDSS workers surveyed, 61 percent indicated that parental rights were rarely or never terminated at the initial permanency hearing. LDSS is required to demonstrate through clear and convincing evidence that termination of parental rights is in the best interests of the child. Bases for terminating rights include:

- The parent has, without good cause, failed to maintain continuing contact with and to provide for the future of the child.
- The parent, without good cause, has been unwilling or unable to remedy substantially the conditions which led to or required continuation of the child's foster care placement.
- The child was abandoned.
- The parent has been convicted of murder or voluntary manslaughter, or a felony attempt, conspiracy or solicitation to commit any such offense, if the victim of the offense was a child of the parent, a child with whom the parent resided at the time such offense occurred or the other parent of the child.
- The parent has been convicted of felony assault resulting in serious bodily injury or felony bodily wounding resulting in serious bodily injury or felony sexual assault, if the victim of the offense was a child of the parent or a child with whom the parent resided at the time of such offense or the other parent of the child.
- The residual parental rights of a sibling of the foster child have previously been involuntarily terminated.
- For children who have been found by the court to be abused and neglected and in foster care:
  - The neglect and abuse suffered by the child presents a serious and substantial threat to his or her life, health, or development; and
  - It is not reasonably likely that the conditions which resulted in neglect or abuse can be substantially corrected or eliminated so as to allow the child's safe return to his parent or parents within a reasonable period of time.

Parental rights can be terminated voluntarily or involuntarily. LDSS would not petition for termination of parental rights if any of the following exist:

- The agency documents and provides compelling reasons why it is not in the best interest of the child to terminate parental rights;
- The child resides with relatives; and

- Services have not been provided to the parent to return the child home safely.

Over one fifth of parents appeal termination of parental rights in Virginia, delaying the adoption process. Because Virginia's juvenile courts are not courts of record, an appeal to the Circuit Court requires a full hearing. Although the *Code of Virginia* specifies that the Circuit Court should schedule a hearing on the merits of the case within 90 days, hearings are frequently delayed beyond the 90 days due to heavy dockets in the courts. Virginia laws further allow for an appeal of the Circuit Court decision to the Court of Appeals. Data from the Office of the Supreme Court indicates that from July 1, 2000 - June 30, 2002, 551 termination of parental rights cases were appealed to the Circuit Court, which is 21.4 percent of the total number of all cases concluded in the juvenile court.

Termination of parental rights appeals have tripled in five years. Table 8 shows the number of cases filed in the Court of Appeals of Virginia from 1995 to 2000.

Table 8: **Year Case Filed**	**Appeals: Termination of Parental Rights**
1995	11
1996	14
1997	16
1998	22
1999	45
2000	34

The increase in appeal cases to terminate parental rights directly relates to the requirements to file petitions to terminate parental rights for children in care 15 of the most recent 22 months. This indicates that the goal of adoption is selected more often and earlier than in past practice. Correspondingly, parents must remedy conditions resulting in their child's placement in foster care in a shorter time frame than previously allowed. Presumably, this would result in an increase in the number of parents appealing a decision to terminate their rights. The decrease in the number for cases filed in 2000 may reflect a leveling off in the filing of these cases.

Virginia's percentage of children in care for 17 out of 22 months is slightly higher than national data. Children in Virginia are also in foster care slightly longer than national figures.

Table 9 displays Virginia's data and changes for the three-year period.

Table 9: **Number of Children in Care 17 of the most recent 22 months**	**1999**		**2000**		**2001**		**Fiscal Year Changes**		
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children	Change % 99-00	Change % 00-01	Change % 99-01
% Based on Cases with Sufficient Info.	3013	54.5%	3075	54.8%	3160	53.7%	2.1%	2.8%	4.9%

8. ***Stability of Foster Care Placements.*** *Using data element XI on the point-in-time permanency profile, discuss whether the percentage of children in the State who have been in foster care less than 12 months and have had more than two placement settings conforms to the national standard for this indicator. Using all three data elements noted above, identify and discuss the reasons for the movement of children in foster care in the State. If there are differences in placement stability for children newly entering the system (cohort data) compared with the total population of children in care (permanency data), identify and discuss those issues. (Point-in-Time Data Elements IV & XI and Cohort Data Element IV)*

Virginia's CSA requires a collaborative process at the local level to review placements of children in residential care or through a child placing agency. Initial and on-going review of these placements occurs through local Family Assessment and Planning Teams (FAPT), composed of representatives of local schools, mental health, health, court services, and LDSS. These teams are overseen by leadership from those localities through the Community Planning and Management Team (CPMT).

Utilization management used by the local teams may result in placement changes through a "step down" to lower level of care whenever improvement is demonstrated. While this is positive, it does result in an increase in numbers of placements.

The number of children with one placement decreased 28 percent, and the number with two or more placements increased. For the first time entry cohort, a similar decrease in one placement and increase in multiple placements are evident. LDSS are increasingly utilizing assessment homes when a child enters foster care to enable a thorough assessment, followed by a placement that will be more likely to be stable. Over half of all child-placing agency, residential facility, and LDSS staff indicated that the child's behavior was always or usually the reason for changing a child's foster care placement. Other primary reasons were requests for the child to be moved by either the foster parents or residential facility, which likely relates to behavior. In many instances, a move is to "step down" a child from a more to less restrictive placement. Surveyed LDSS staff felt barriers to appropriate stable, successful placements were lack of staff time to recruit and train appropriate families and lack of experienced foster parents.

Virginia is just below the federal standard of 86.7 percent with 84.5 percent of children with no more than two placements in a 12-month period. Although the percentage of compliance appears to be decreasing, an increased number of children met the criteria. Part of the reason for a decrease in percent may relate to increased accurate reporting of placements in the automated system.

Table 10 displays Virginia's data and changes for the three-year period.

Table 10: **Placement Stability**	1999		2000		2001		Fiscal Year Changes		
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children	Change % 99-00	Change % 00-01	Change % 99-01
One Placement	3996	59.00%	3243	47.80%	2886	42.00%	-18.8%	-11.0%	-27.8%
Two Placements	1622	23.90%	1774	26.10%	1801	26.20%	9.4%	1.5%	11.0%
Three Placements	615	9.10%	824	12.10%	972	14.20%	34.0%	18.0%	58.0%
Four Placements	256	3.80%	423	6.20%	446	6.50%	65.2%	5.4%	74.2%
Five Placements	140	2.10%	222	3.30%	301	4.40%	58.6%	35.6%	115.0%
Six Or More Placements	97	1.40%	250	3.70%	422	6.10%	157.7%	68.8%	335.1%
Missing Placement Information	52	0.80%	53	0.80%	38	0.60%	1.9%	-28.3%	-26.9%
First Time Entry Cohort									
One Placement	735	58.50%	657	55.60%	664	52.80%	-10.6%	1.1%	-9.7%
Two Placements	350	27.90%	314	26.60%	359	28.60%	-10.3%	14.3%	2.6%
Three Placements	107	8.50%	130	11.00%	138	11.00%	21.5%	6.2%	29.0%
Four Placements	38	3.00%	42	3.60%	48	3.80%	10.5%	14.3%	26.3%
Five Placements	12	1.00%	17	1.40%	22	1.80%	41.7%	29.4%	83.3%
Six Or More Placements	7	0.60%	11	0.90%	21	1.70%	57.1%	90.9%	200.0%
Missing Placement Information	7	0.60%	10	0.80%	5	0.40%	42.9%	-50.0%	-28.6%
Stability indicator									
Of children served in foster care less than 12 mo. from time of the latest removal from home, what % have had no more than 2 placement settings? (6.1) [Standard: 86.7 % or more]	2563	88.60%	2529	85.80%	2718	84.80%	Children -1.3% Percent: 2.8%	Children 7.5% Percent: -1%	Children 6.0% Percent: -3.8%

9. ***Foster Care Re-Entries.*** *Using data element XII, discuss whether the percentage of children who entered foster care during the period under review who had a prior entry into foster care within 12 months of a prior foster care episode conforms to the national standard for this indicator. Using both data elements, discuss the extent of foster care re-entries for all children in the State's placement and care responsibility, the issues affecting re-entries, how the State is addressing the issues. (Point-in-Time Data Elements V & XII)*

Virginia's data is well below the federal standard for children who exit foster care and return within 12 months. Children remain in care longer, which could reduce the recidivism.

Table 11 displays Virginia's data and changes for the three-year period.

Table 11: **Number of Removal Episodes**	1999		2000		2001		Fiscal Year Changes		
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children	Change % 99-00	Change % 00-01	Change % 99-01
One Removal	6619	97.70%	6478	95.40%	6506	94.80%	-2.1%	0.4%	-1.7%
Two Removals	156	2.30%	295	4.30%	332	4.80%	89.1%	12.5%	112.8%
Three Removals	3	0.00%	11	0.20%	21	0.30%	266.7%	90.9%	600.0%
Four Removals	0	0.00%	5	0.10%	7	0.10%	-	40.0%	-
Five Or More Removals	0	0.00%	0	0.00%	0	0.00%	-	-	-
Missing Removal Information	0	0.00%	0	0.00%	0	0.00%	-	-	-
Placement Indicator									
XI. Of children served in foster care less than 12 mo. from time of the latest removal from home, what % have had no more than 2 placement settings? (6.1) [Standard: 86.7 % or more]	2563	88.60%	2529	85.80%	2718	84.80%	Children -1.3% Percent: .6%	Children 7.5% Percent: -.4%	Children 6.0% Percent: .2%

Virginia has implemented a new statute that requires criminal and child protective services background checks on anyone with whom a LDSS places a child, including birth parents and other relatives. These checks, implemented in July 2002, are to help ensure safety of children. The law does not prohibit placement if criminal or CPS backgrounds are present, but it does offer an informed decision.

10. ***Length of Stay in Foster Care.*** *Using data element VI in the cohort data profile, discuss how length of stay in foster care for first-time foster care entries in the State compares with the national standard for this indicator (although this indicator is not used to determine substantial conformity). Examining the data on length of stay in both profiles, identify and discuss factors affecting length of stay in foster care and how the State is addressing the issues. If there are differences in the length of stay between children newly entering foster care in the State (cohort data) and the total population of children in care (permanency data), identify and discuss the reasons. (Point-in-Time Data Element VII & Cohort Data Element VI)*

Virginia's median length of stay in foster care of 20.4 months is slightly longer than the national average. This longer length of stay may contribute to Virginia's low re-entry rate, which is significantly below the federal standard. While children may remain in care longer, exits are more successful as very few children return to care.

The median length of stay over the three-year period decreased by over eight percent, from 22.3 to 20.4 months over the three-year period. Table 12 displays Virginia's data and changes for the three-year period.

Table 12: **Median Length of Stay in Foster Care**	1999	2000	2001	Fiscal Year Changes		
	Months	Months	Months	Change % 99-00	Change % 00-01	Change % 99-01
Of Children in Care on Last Day of FY	22.3	21.8	20.4	-2.2%	-6.4%	-8.5%
First Time Entry Cohort						
Median Stay in Foster Care	29.4	Not yet reached	Not yet reached			

11. ***Other Permanency Issues.*** *Discuss any other issues of concern, not covered above or in the data, that affect the permanency outcomes for children and families served by the agency.*

Almost two thirds of children with a sibling in foster care are placed with at least one sibling. OASIS analysis indicated that, as of March 12, 2003, 1,462 children (62.9 percent) of a total of 2,326 children (excluding those in a residential setting) with at least one sibling in care were placed together. Another 18.7 percent were placed in the same locality or zip code as their sibling. Only 429 (18.4 percent) of the children were not placed with or "near" their sibling. See Table 13.

Table 13: **Sibling Placements Proximity Description**	**Number of Children**
Sibling in Same Resource	1462
Same Zip Code / Different Resource	126
Zips Are Near Each Other	309
No Sibling Listed	3076
Child in Residential Facility	1520
Sibling in Residential Facility	7
No Resource or Placement for Child	417
Sibling with No Resource or Placement	62
No Zip Code For Resource	155
Sibling With No Zip Code	24
Child Zip Code Out of State	74
Sibling Zip Code Out of State	8

More than half of children in foster care are placed in the same locality or zip code as their parents. Of the children in care who were in an active, non-residential placement and who had a parent or caretaker with a zip code, 52.6 percent of the children were placed in the same locality or zip code as a parent or caretaker. Another 39.1 percent were placed within the same state and 8.3 percent were placed in a different state than the parent or caretaker. See Table 14.

Table 14: **Proximity of Placement to Family Descriptions**	**Number of Children**
Same Zip Code	319
Zips Are Near Each Other	1017
Placed Not Near But In-State	994
Child in Residential Facility (2544)	1520
Child Zip Code Out of State	133
Parent's Zip Code Out of State	77
No Resource Or Placement For Child	769
No Zip Code For Resource	288
No Parent Listed	709
Parents With No Zip Code	1843
Total Children	7669

Proximity of placement to the home community and placement with siblings were both rated as strengths in 94 percent of cases in the recent foster care case review. These results, in conjunction with the OASIS data analysis, indicate that proximity of placement near family and with siblings are practiced in Virginia.

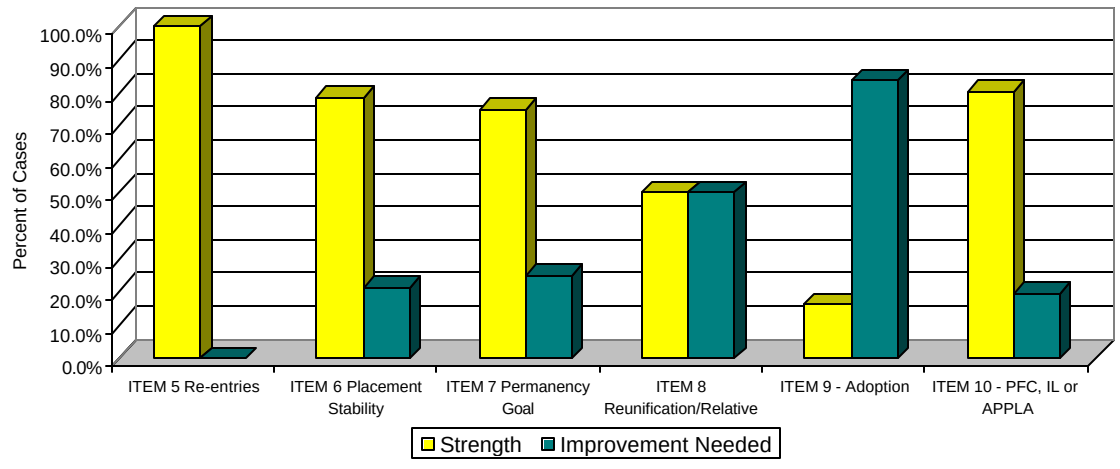
Results of the foster care case review provided important insight regarding permanency in Virginia. During summer of 2002, 116 foster care cases underwent review. Local supervisors used a slightly modified version of the full federal CFSR case review instrument. VDSS staff selected a sample of cases for the review. Children were selected from the pool of children in care on June 12, 2002, who had entered care before April 1, 2001. These selection criteria were utilized as a means of providing information on children who had been in care a minimum of 14 months. For that reason, the outcome scores for permanency are lower than would be expected if a more representative sample had been used.

Permanency outcome 1, children will have permanency and stability in their living situations, resulted in 50 percent of cases substantially achieved the outcome. Rating of items varied for this outcome.

- Foster care re-entries were minimal and rated an area of strength in 100 percent of the cases. This finding supports statewide data indicating that the foster care re-entry rate is low.
- Permanency goal of adoption was rated as an area needing improvement in 84 percent of the cases reviewed.
- Reunification/relative placement was rated as an area needing improvement in 50 percent of the cases reviewed.

Results by item for permanency outcome 1 are reflected in Figure 7.

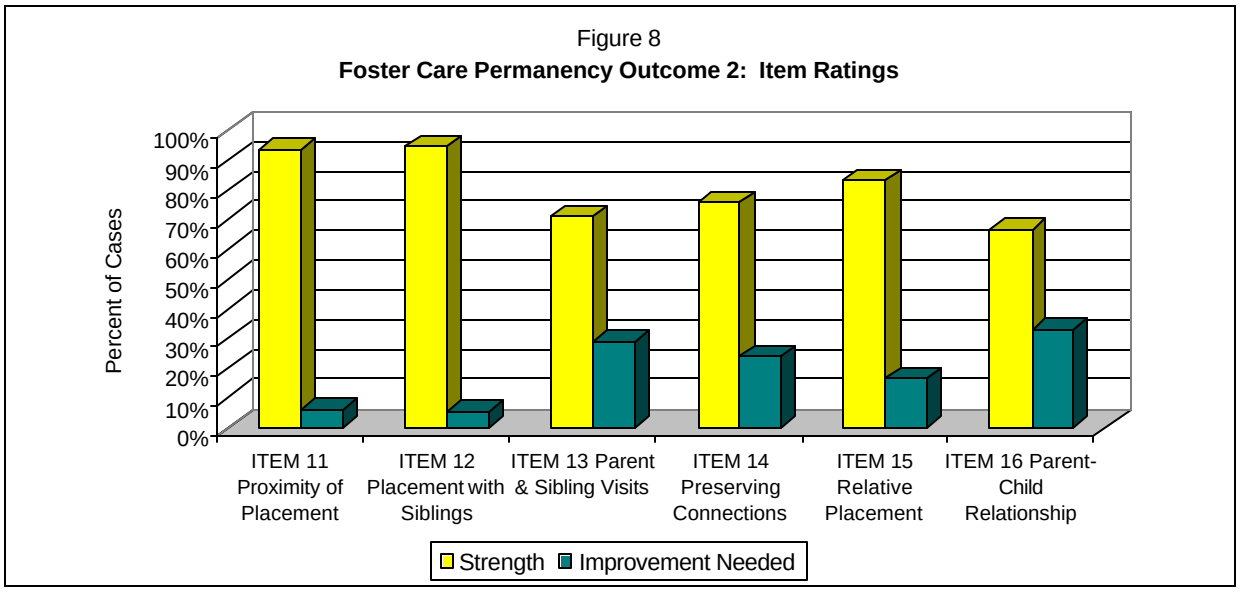
Figure 7
Foster Care Permanency Outcome 1: Item Ratings



Permanency Outcome 2 analysis shows that 74 percent of the cases substantially achieved the outcome. Item analysis under Permanency Outcome 2 indicated that:

- Proximity of the foster placement to the youth's home community and placement with siblings were both rated as strength in 94 percent of the cases reviewed.
- Relationship of child with parents was the weakest indicator, rated a strength in 67 percent of the cases reviewed (see Figure 8).

Figure 8
Foster Care Permanency Outcome 2: Item Ratings



Summary

Strengths to ensure permanency for Virginia's children in foster care:

- Virginia has a low rate of children in foster care, with four children in foster care per 1,000 children in population.
- Virginia is well below the federal standard of 8.6 percent with a rate of 3.5 percent for children who exit foster care and return within 12 months, indicating that most children remain out of care once they have returned to their families.
- The number of children achieving reunification and adoption within performance indicator time frames, and having placement stability is increasing.
- Almost 70 percent of Virginia's foster care children are placed in a family setting.
- The median length of stay of children in foster care decreased eight percent, from 22.3 to 20.4 months over the three-year period.
- Virginia has strong adoption initiatives. Initiatives include public/private partnerships such as One Church, One Child for recruiting African-American families, partnering with a private agency to develop and disseminate a uniform home study template and creating a post-adoption support system for adoptive families. In FY 2002, 40 percent of the total adoptions resulted from adoption initiatives and Virginia has received adoption incentive funds due to the increased number of adoptions.

Areas of improvement include:

- The number of placements that children experience appears to be increasing. Virginia is not quite meeting the federal standard for placement settings.
- Virginia is below the federal standard for a finalized adoption within a 24-month period. The court and appeal processes delay timely adoptions. VDSS anticipates that strengthened initiatives for concurrent planning and foster/adopt resources will positively impact this measure. However, further assessment will be necessary.
- Virginia is not quite meeting the federal standard for reunification within a 12-montth period, although it is close at 73.6 percent, compared to the standard of 76.2 percent.
- The procedural steps involved with the Interstate Compact on the Placement of Children (ICPC) in other states and countries sometimes cause delays in achieving timely permanency.

Strategies for improvement include:

- Implement LDSS dashboards on the intranet to provide comparative results on outcome measures.
- Further assess the use of permanent foster care to ensure that children with permanent foster care are appropriately placed. If necessary and appropriate, develop legislative proposals and budget amendments.
- In order to improve timeliness of finalized adoptions, develop strategies such as proposing legislation related to de novo appeals of termination of parental rights, increased training related to adoption subsidies, and improved communications with families and children that encourage and support adoption of children of all ages.
- Implement strategies to increase the number of children over the age of 9 who achieve the permanency goal of adoption.
- Develop strategies to improve performance on permanency outcome indicators of stability of placement and length of time to reunification.
- Implement best practices of concurrent planning and dual licensure (foster-to-adopt) to decrease length of time children remain in care and decrease the number of placements.
- Implement structured decision making to ensure the child's safety and to identify strengths of families.
- Expand "best practice courts" that include mediation as a dispute resolution alternative to court intervention.
- Study options for kinship care in Virginia and develop strategies to provide a viable formal kinship care program.
- Continue improvements, trainings and technical assistance related to OASIS to increase accuracy and timeliness of data on foster care and adoptions.

Well-Being Outcomes

Outcome WB1: Families have enhanced capacity to provide for their children's needs.
Outcome WB2: Children receive appropriate services to meet their educational needs.
Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

OVERVIEW

For children in foster care and their families, the collaborative efforts of the local Community Policy and Management Team (CPMT) and the Family Assessment and Planning Team (FAPT) or multi-disciplinary team address needs for educational, physical, mental health and other services. The Comprehensive Services Act (CSA) requires every locality (or combination of localities) to have at least one CPMT and one FAPT or multi-disciplinary interagency team. These interagency teams include a representative from the school system, mental health, and local health department, as well as the Court Services Unit and local department of social services (LDSS). Parent and private provider representatives may also be involved. The FAPT or multi-disciplinary team works directly with families to create an Individual Family Services Plan (IFSP).

Primary prevention strategies of the Child Protective Services (CPS) programs are designed to support child and family well-being. However, CPS program policies have emphasized child safety. Well-being issues are addressed only as they directly relate to the complaint of abuse or neglect. The Differential Response System (DRS), a two-tiered response to complaints of child abuse and neglect, has opened the door to a more holistic approach. The Virginia Department of Social Services (VDSS) implemented DRS statewide, in May 2002.

1. ***Frequency of Contact between Caseworkers and Children and their Families.*** *Examine any data the State has available about the frequency of contacts between caseworkers and the children and families in their caseloads. Identify and discuss issues that affect the frequency of contacts and how the frequency of contacts affects the outcomes for children and families served by the State.*

Virginia policy requires that a worker has on-going face-to-face contact with the child/ family at least once every three months. In foster care, there are two exceptions:

- If the foster care child is in an independent living placement arrangement other than a dormitory setting, there must be face-to-face contact at least monthly.
- If the child is in an approved permanent foster care placement, the child must receive face-to-face contact at least once every six months.

Foster care policy requires contact information to be documented in OASIS.

For children in foster care, OASIS documents face-to-face contact between worker and child an average of seven times per year. Data tracking the frequency of contacts of foster care children who have the goal of permanent foster care indicate face-to-face contact between worker and child an average of five times per year. Even though workers are

required to enter contact information into OASIS following each visit, the data may not always be entered into the system each time a contact is made. Thus, if workers are not entering each contact into OASIS, visits may occur more frequently than documented in the system.

VDSS is making significant efforts to improve documentation and ensure LDSS staff enters foster care contact information in OASIS. Efforts in place include:

- OASIS training sessions that place a strong emphasis on the importance of documentation.
- Ticklers in the system that notify workers of the next required contact.
- Increased monitoring of contacts in OASIS, with communications to LDSS that appear to not fully document their contacts in the system.
- Regional office review of a sample of cases without OASIS documentation to verify if contacts are occurring. A recent sample of contact documentation revealed that, of the 110 cases sampled with no OASIS contact documentation, 86 percent of the cases contained worker-child contact information in the case file.

CPS policy requires face-to-face contact with the child and family at least once every three months when a case is opened for services, either as a result of a founded CPS disposition or completed family assessment. That contact must be documented in the case record.

Most LDSS supervisors and workers surveyed indicated face-to-face contact with the child and family occurs at least monthly. Almost 65 percent of foster care supervisors and workers indicated face-to-face contact occurs at least monthly in the first year of placement, while 95 percent reported that other types of contact (e.g., telephone) occur at least monthly. Eighty percent of CPS supervisors and workers indicated face-to-face worker-child contact happens at least monthly once a case is open for service, while 91 percent reported that other types of contact (e.g., telephone) happen at least monthly (see Table 1).

Table 1: **Frequency of contact with LDSS worker and child/family**

Program	Type of Contact	Weekly	Bi-Weekly	Monthly
CPS	Face-to-face when case is open for services	9%	28%	43%
CPS	Other types of contact (e.g., telephone) when case is opened for services	24%	38%	29%
Foster Care	Face-to-face in first year of placement	3%	13%	48%
Foster Care	Other types of contact (e.g., telephone) in first year of placement	19%	35%	41%

Additionally, over 65 percent of youth in foster care surveyed report seeing their worker two or more times during a three-month period.

The majority of LDSS staff and foster parents surveyed reported that the frequency of contact between workers and the child/family is adequate. Almost 65 percent of CPS staff and 76 percent of foster care staff rated the frequency of contact as very adequate or adequate (see Table 2).

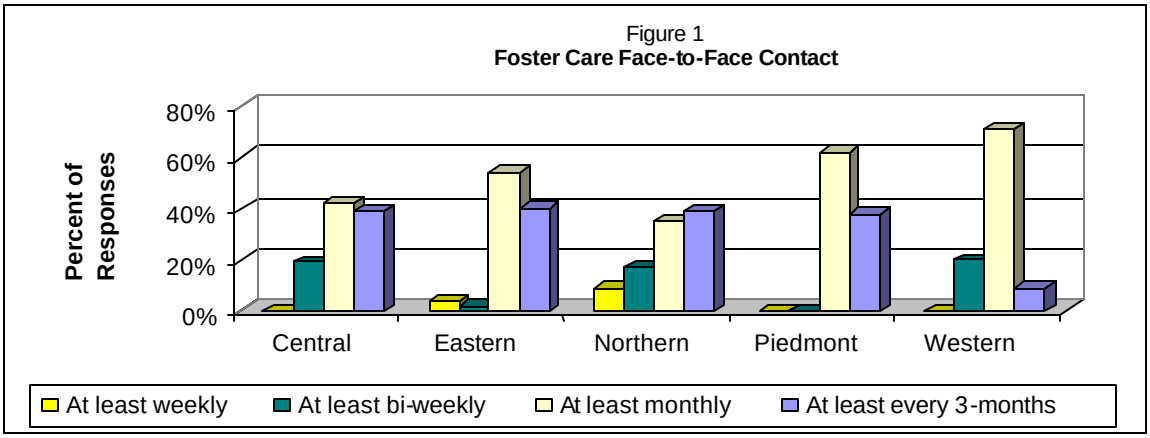
Table 2: **Adequacy of the frequency of contact between workers and child/family**

Program	Very Adequate	Adequate	Somewhat Adequate	Not at all Adequate
CPS	14%	50%	30%	6%
Foster Care	31%	45%	22%	3%

Of the foster parent survey respondents, 47 percent reported contact between themselves and worker as very adequate, 30 percent reported contact as adequate, 18 percent rated worker contact as somewhat adequate, and 5 percent rated worker contact as not at all adequate.

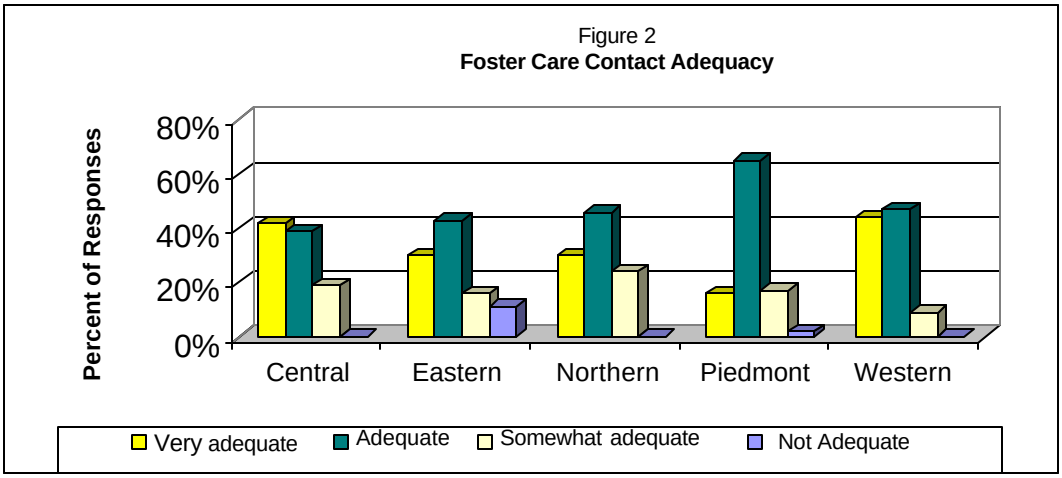
A regional breakdown of LDSS supervisor and worker survey findings suggested that face-to-face contact occurs more frequently with children in foster care in the Western region, followed by the Piedmont and Eastern regions. Face-to-face contact frequency was reported less in the Central and Northern regions (see Figure 1).

Figure 1
Foster Care Face-to-Face Contact



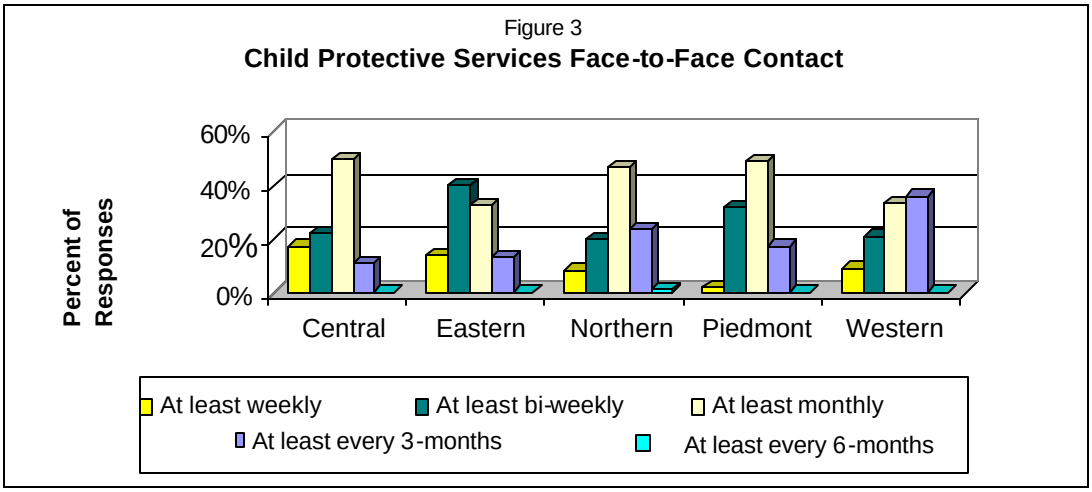
A regional breakdown of LDSS supervisors and workers opinions on adequacy of face-to-face contact with children in foster care indicated that contacts appears to be most adequate in the Piedmont region and less adequate in the Eastern region. Survey results suggest that the regions reporting the most frequent contact are not necessarily those reporting most adequate (see Figure 2).

Figure 2
Foster Care Contact Adequacy



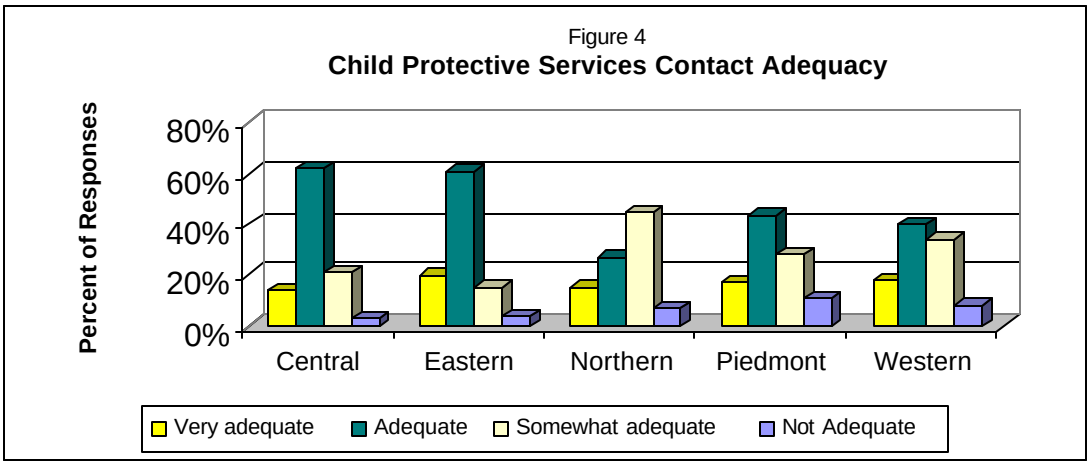
By region, LDSS supervisor and worker survey results suggested face-to-face contact occurs more frequently with children receiving on-going CPS services in the Central, Piedmont, and Northern regions. Face-to-face contact was reported less frequently in the Eastern and Western regions (see Figure 3).

Figure 3
Child Protective Services Face-to-Face Contact



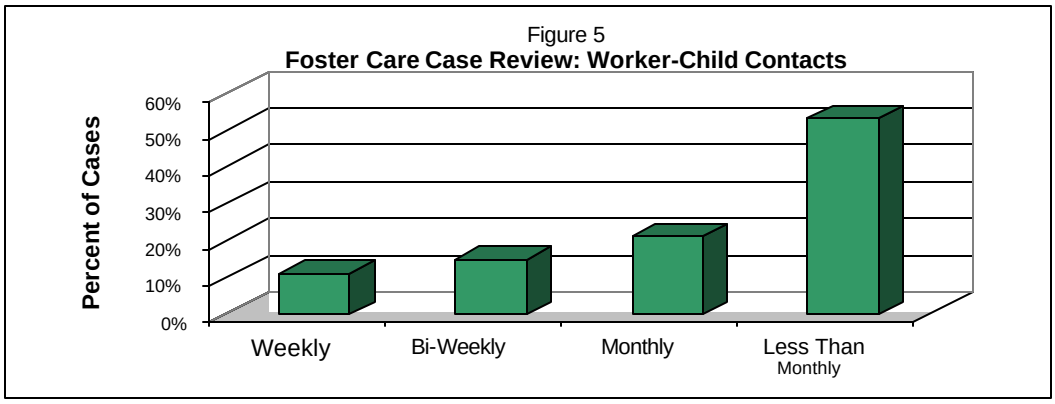
A regional breakdown of LDSS supervisors and workers' opinions regarding the adequacy of face-to-face contact with children receiving on-going CPS services suggests contact is more adequate in the Central and Eastern regions (see Figure 4).

Figure 4
Child Protective Services Contact Adequacy



A foster care case review of 116 cases indicated that services were provided and that worker visits met needs of children in over 87 percent of cases. Although over 50 percent of worker-child contacts were less than monthly, supervisors indicated that worker contacts met the needs of the child over 87 percent of the time. LDSS worker contacted the child at least monthly in 47 percent of the cases reviewed (see Figure 5). Worker-mother contacts occurred more frequently than worker-father contacts, with the majority of worker-mother contacts occurring at least monthly. Note that this foster care case sample was skewed; it only included children who have been in a placement for at least 14 months.

Figure 5
Foster Care Case Review: Worker-Child Contacts



Combined CPS and foster care case review results indicated worker visits with the child was a strength in 85 percent of cases reviewed. Worker visits with parents was a strength in 68 percent of the cases reviewed (see Table 3)**.**

Table 3: **CPS and Foster Care Case Review Contact Information**

Measure	Applicable Foster Care Cases	Applicable On-going CPS Cases	Total Cases Achieving Strength Rating	Percent Achieving Strength Rating
Worker Visits with Child	116	48	140	85.4%
Worker Visits with Parent/s	69	48	80	68.4%

The main barrier preventing more frequent worker contacts is large service case loads that contribute to limited staff time and resources. Other barriers to worker contacts, identified by workers in the survey, included service case crises and travel time required.

2. ***Educational Status of Children.*** *Examine any data the State has available regarding the educational status of children in its care and placement responsibility. How does the State ensure that the educational needs of children are identified in assessments and case planning and that those needs are addressed through services?*

Foster care policy indicates the social worker, in cooperation with parents and foster parents, are responsible for monitoring the educational needs of each child in custody of LDSS. Specific responsibilities include:

- Making sure that the child is enrolled in school as soon as possible after placement;
- Notifying the school that the child was attending, as well as the school the child will be attending;
- Providing case information as requested to the school division;
- Monitoring the child's educational progress; and
- Requesting a special needs evaluation when needed.

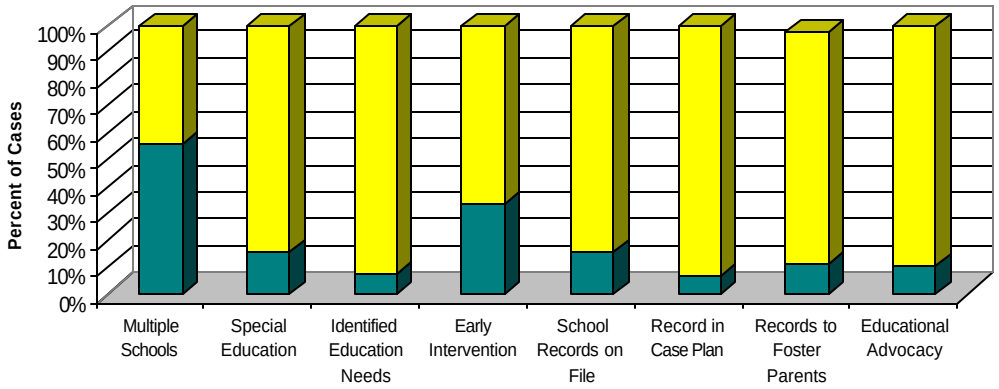
Findings from the foster care case review indicated that 86 percent of children received appropriate services to meet their educational needs. Review results (see Figure 6) indicated:

- Less than 45 percent of youth had multiple school placements.
- Almost 85 percent of the children, where applicable, had special education needs addressed.
- Slightly over 93 percent of the children had identified educational needs.
- Sixty-six percent of the children had early intervention services.
- Almost 85 percent of children had school records in the case file and 93 percent had educational needs addressed in the case plan.
- Foster parents received education records in 86 percent of the cases.
- LDSS advocated for the children's educational needs in 90 percent of the cases.

All applicable CPS cases reviewed had educational needs met.

Figure 6

Foster Care Case Review: Education



To help improve educational and, in turn, placement outcomes for children in foster care, the JustChildren program of the Legal Aid Justice Center, provides free training, educational materials, and consultation to foster care workers and providers across Virginia. The trainings provide information about regular education, special education, school discipline, and effective advocacy strategies and tools. The training, consultation and representation program is based on a model piloted by JustChildren in the Charlottesville region and supported by a Victims of Crime Act (VOCA) grant. JustChildren has been providing free legal representation to young people in Virginia since 1998.

Focus group participants identified challenges in understanding the law and Individual Education Plans (IEPs). They recommend more training in special education laws and processes for social workers, probation officers, and others involved in foster care as well as having an advocate for the child in foster care to ensure the rights of the child.

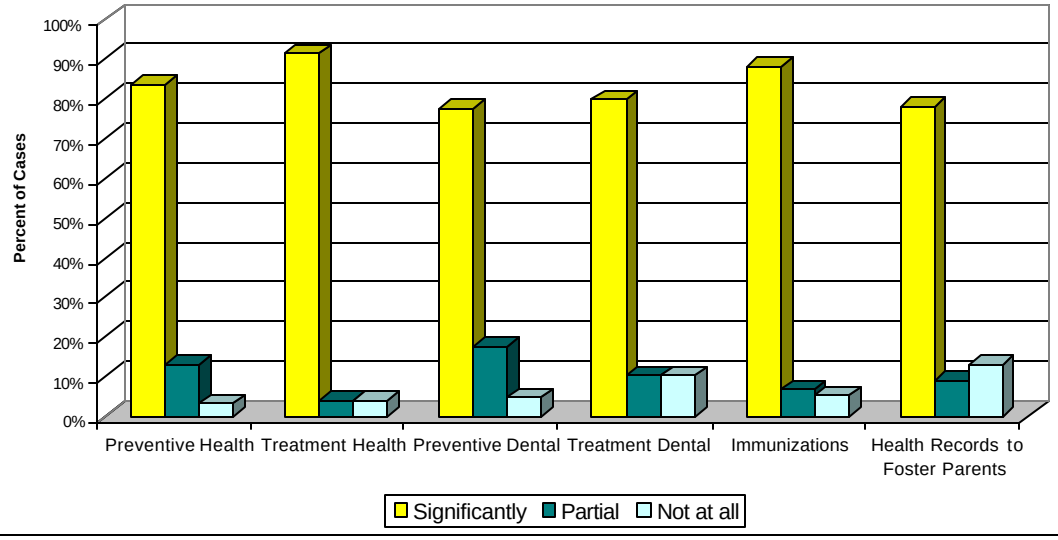
3. ***Health Care for Children.*** *Examine any data the State has available regarding the provision of health care, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), to children in its care and placement responsibility. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

Foster care policy requires a medical exam, using the Early Periodic Screening, Diagnosis and Treatment (EPSDT), is completed within 60 days of foster care placement. Routine medical and dental examinations are required at least annually for foster care children four years and older, and EPSDT check-up guidelines must be followed for children under four years of age. Any reasons that the EPSDT guidelines cannot be followed need to be documented in the child's record. A foster care child who is ill or injured or a child who needs on-going medical treatment must receive medical care. When a foster child enters a residential facility, he or she must have a physical exam within 90 days of admission or no later than seven days following admission.

Foster care case review results indicated that children received an initial and timely health screening in 90 percent of the cases reviewed. Overall findings indicated that physical health care needs of the child were met in 73 percent of the cases reviewed. As shown in Figure 7, several items assessed the provisions of health services and findings indicated:

- Eighty-three percent received preventive health care and 91 percent received adequate health treatment.
- Dental services were not rated as high as physical health care services. Seventy-seven percent reported adequate preventive dental care and 79 percent reported receiving treatment.
- Children received immunizations in 88 percent of applicable cases.
- Foster parents received health records in 78 percent of the cases reviewed.

Figure 7
Foster Care Case Review: Health Care



Combined CPS and foster care case review results indicated that the physical health item was achieved in almost 70 percent of cases. Many localities have practices in place to ensure that medical needs of the child are met. Examples include:

- Use of a checklist when documenting medical, dental, and mental health services provided to the child.
- Fairfax County partnered with the Parent Educational Advocacy Training Center (PEATC), the County Health Department, County Community Services Board, Children's Specialty Services, Mental Health/LINC, Northern Virginia Family Services, and VDSS Foster Care staff to develop the *Child Health Profile*. The *Child Health Profile* provides a way for workers to organize and document health-related information for each child. The profile is used in Fairfax County and is available for use by other LDSS.

Over 93 percent of LDSS directors and supervisors, Office on Youth staff, CPMT chairs, and CSA coordinators surveyed indicated that health and dental services are

available. Almost 85 percent said that these services were very effective to somewhat effective.

Almost all LDSS workers and child-placing agency staff surveyed reported that children in foster care receive necessary medical treatment. Almost 90 percent indicated that children in foster care receive needed dental treatment (see Table 4).

Table 4: **Frequency services are obtained when child in foster care needs service**

Service	Always	Usually	Total
Medical care	68%	30%	98%
Dental care	45%	44%	89%

Over 80 percent of LDSS workers reported that children usually receive physical exams within one month of entering foster care while 78 percent reported children usually receive dental exams within the first month of care (see Table 5). Additionally, foster care youth survey results indicated that over 95 percent received necessary medical treatment and over 90 percent received necessary dental treatment.

Table 5: **Time period after child enters foster care that child usually receives exam**

Time Period Service Received	Physical Exam	Dental Exam
Within 1 week	30%	18%
Within 1 month	53%	60%
Within 3 months	14%	18%
Within 6 months	0%	3%
Within 1 year	3%	0%

Some foster parent and LDSS focus group participants indicated that medical information is not always provided. Some foster parents explained that, in some instances, LDSS was not able to provide them with the child's medical information. LDSS staff reported that, in some cases, medical information was not received from providers, even when there was a signed medical release.

Some LDSS staff indicated that preventive dental care is a challenge because of difficulty finding dentists willing to accept Medicaid for dental visits. Efforts are currently underway to create better access to dental services for children in foster care.

- **The 2002 General Assembly passed several bills which could expand access to dental care.**
  - o House Bill 1005 allows the Board of Dentistry to issue a temporary license to dentists providing services in free clinics and community health centers.
  - o Senate Bill 414 requires recipients in the Dental Loan Repayment Program to participate in Medicaid and FAMIS.
- The Take Five Program is an initiative of the Department of Medical Assistance Services (DMAS) and the Virginia Dental Association that gets dentists to enroll in the Medicaid program, agreeing to accept at least five Medicaid patients. During the first three weeks of the program, approximately 40 new dentists signed up.

***Virginia Children's Health Access Survey* (2001) documented that 93 percent of all children in Virginia have medical insurance.** Low-income children can be covered by Medicaid or Family Access to Medical Insurance Security Plan (FAMIS). If determined eligible for either of these programs, children can receive well-child, medical, dental, vision, mental health, and preventative services. Special education provisions offered through FAMIS include physical or occupational therapy, language pathology, or skilled nursing services.

In September 2002, several changes were made in an effort to improve the FAMIS and Medicaid programs and to facilitate enrollment. From the creation of the FAMIS program in August 2001 until September 1, 2002, the average monthly enrollment in FAMIS and Medicaid was 1,416. The average monthly net increase from September 1, 2002 to March 1, 2003 has been 4,477.

4. ***Mental Health Care for Children.*** *Examine any data the State has available regarding the mental health needs and status of children in its care and custody. How does the State ensure that the mental health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

Foster care policy requires all children receiving CSA funded services to have a uniform assessment of behavior and functioning. If the child is seven years or older, policy requires that the Child and Adolescent Functional Assessment Scale (CAFAS$_{TM}$) be used. If the child is between the age of four and seven, the Preschool and Early Childhood Assessment (PECFAS$_{TM}$) is required.

Foster care children in need of mental health services have Medicaid coverage. For low-income families, children not in foster care may be covered by either Medicaid or FAMIS.

Mental health programs serving victims of child abuse and neglect are available through the use of Victims of Crime Act (VOCA) monies. Examples are support groups for abused and neglected children who are also victims of domestic violence as well as counseling or treatment services.

Virginia has 18 drug court programs currently operating. Of the 18 drug court programs, nine are adult courts, four are juvenile courts, three are family courts, and two are general district courts. Drug court programs are a collaborative effort of the court, probation, substance abuse treatment providers, and others. The program combines continuous and intense treatment, frequent drug testing, and appropriate sanctions as well as other needed services to non-violent substance abusers brought before the court and selected for program participation. The four juvenile drug court programs are located in Lee County (Western region), Newport News (Eastern region), Rappahannock (Northern region), and Richmond (Central region).

Foster care case review results indicated that over 87 percent of children's mental health needs were met. Over 87 percent of children had a mental health screening and 92 percent received on-going mental health treatment where applicable. Combined CPS and foster care case review results indicated that the mental health item was achieved in almost 87 percent of the cases reviewed (see Table 6).

Table 6: **CPS and Foster Care Case Review - Mental Health**				
Measure	**Applicable Foster Care Cases**	**Applicable On-going CPS Cases**	**Total Cases Achieving Strength Rating**	**Percent Achieving Strength Rating**
Mental Health	95	26	105	86.8%

The vast majority of child welfare staff surveyed indicated that mental health and substance abuse services are available in Virginia. According to those surveyed, most of these services are effective (see Table 7).

Table 7: **Service availability**			
Type of Service	**Survey Respondents**	**Service Available**	**Very Effective – Somewhat Effective**
Mental health services	LDSS directors LDSS supervisors Office on Youth CPMT chairs CSA coordinators	96%	74%
Mental health counseling for youth in independent living program	LDSS workers	90%	92%
Substance abuse services	LDSS directors LDSS supervisors Office on Youth CPMT chairs CSA coordinators	90%	69%
Substance abuse counseling for youth in independent living program	LDSS workers	84%	94%

Eighty percent of LDSS workers surveyed reported that a child usually receives a mental health assessment within one month of foster care entry (see Table 8)**.** Almost 95 percent of LDSS workers surveyed indicated that substance abuse counseling for youth in the independent living (IL) program receive effective services. Over 90 percent reported mental health counseling for youth in the IL program is effective. In general, mental health and substance abuse services are available, and most child welfare staff indicated that the services were very effective to somewhat effective.

Table 8: **Time period for mental health assessment after child enters foster care**	
Time Period Service Received	**Percent Reported**
Within 1 week	37%
Within 1 month	43%
Within 3 months	17%
Within 6 months	2%
Within 1 year	0%

Over 90 percent of child-placing agency staff and LDSS workers surveyed indicated that mental health services are always or usually provided to children in foster care needing services. Moreover, 64 percent of youth surveyed reported receiving counseling

services; five percent stated a need for mental health services. The main barriers to providing mental health services to children in foster care identified through survey findings include too few providers in the area who accept Medicaid as well as long waiting lists for services.

Focus group discussions indicated substance abuse and mental health issues are making it difficult to meet required time frames for returning a child in foster care to his or her home and parental substance abuse can result in child abuse or neglect. Focus group participants stressed the need for early intervention services and identified a gap in mental health services for individuals who do not speak English or have a hearing impairment.

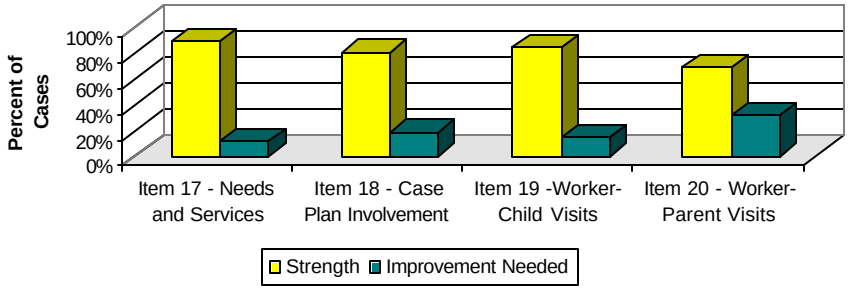
Virginia has statewide collaborative efforts in place to explore and improve the provision of mental health services for children. The Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and DMAS are developing an integrated plan to improve access to mental health, mental retardation and substance abuse services for children and adolescents. Key state agencies, including VDSS, are partnering in the development of this plan. Additionally, the Commission on Youth recently conducted a two-year study of children and youth with serious emotional disturbance requiring out-of-home placement. The study determined 2,307 (31 percent) of 7,443 children with serious emotional disturbance are in need of out-of-home placement and are not receiving such treatment. The 2002 General Assembly, through Senate Joint Resolution 99, directed the Virginia Commission on Youth to coordinate the collection and dissemination of empirically-based information that would identify the treatment modalities and practices recognized as effective for the treatment of children, including juvenile offenders with mental health treatment needs, symptoms, and disorders. This report is complete and available on the Internet.

5. ***Other Well-Being Issues.*** *Discuss any other issues of concern, not covered above or in the data, that has an impact on the well-being outcomes for children and families served by the agency.*

Additional combined analysis of the 116 foster care cases and 48 CPS cases reviewed revealed that almost 74 percent of the cases obtained substantial conformity for well-being outcome 1: *Families have enhanced capacity to provide for their children's needs*.

- The needs and services of the child and parents rated the highest; 88 percent of the cases were rated a strength.
- Over 80 percent had strong child and family involvement in case planning.
- Worker visits with children (85 percent) was greater than worker visits with the parent/s (64 percent) (see Figure 8).

Figure 8
CPS and Foster Care Case Review Results: Well-Being 1 Items



Prevention programs throughout Virginia directly impact and enhance child well-being because prevention programs often reduce the risk of abuse, neglect, and/or removal from the home. Healthy Families, Families and Schools Together (FAST), Comprehensive Health Investment Project of Virginia (CHIP of Virginia), Resource Mothers, and BabyCare are among Virginia's prevention programs.

- **Healthy Families** initiatives are public/private community-based collaboratives that reach out to expectant and new parents. Virginia has 37 sites covering 86 communities. Services are aimed at improving or preventing poor childhood outcomes in health, development, school success and child abuse and neglect. Other goals address parental health, education and parenting success. Healthy Families America is a national research-based prevention model, which includes best-practice standards that are then integrated into each local initiative.
- **CHIP (Comprehensive Health Investment Project) of Virginia** consists of 11 community-based programs serving 29 localities. CHIP of Virginia is a network of local public-private partnerships providing comprehensive care coordination, family support, and preventive medical and dental services to low-income, at-risk children.
- **FAST (Families and Schools Together)** is a program that garners parent support so that the child will be better equipped to succeed at home, in school, and in the community. **FASTWORKS** is a program that is an extension of the FAST program. FAST and FASTWORKS programs have the capacity to provide services to a minimum of 180 families in Virginia.
- **Resource Mothers** is a program serving pregnant and parenting teens in 80 localities through 28 public and private contractors. After receiving intensive training, a resource mother acts as a mentor to encourage early and regular prenatal care, healthy behaviors such as avoidance of substance abuse and tobacco, getting immunizations on schedule, and delaying repeat pregnancies.
- Over 30 local health departments and some private community organizations in Virginia provide **BabyCare** services**.** Specific services include intensive case management and support services for at-risk pregnant women and infants who receive Medicaid.
- Other prevention programs designed to enhance child and family well-being include the Virginia Fatherhood Campaign, Teen Pregnancy Prevention, Right Choices for Youth, Partners in Prevention, Abstinence Education Initiative, and Bright Futures.

Summary

Strengths ensuring child well-being in Virginia:

- CSA fosters a collaborative system of funds and services to address the strengths and needs of at-risk children and their families. The efforts of the CPMT and FAPT or other multi-disciplinary teams within each locality address the educational, physical, and mental health needs of Virginia's children.
- All children receiving CSA funded services are required to have a uniform assessment of behavior and functioning (CAFAS$_{TM}$ or PECFAS$_{TM}$).
- Numerous prevention programs throughout Virginia directly impact and enhance child well-being. These programs include Healthy Families, CHIP of Virginia, BabyCare, Resource Mothers, and Families and Schools Together.
- *Child Health Profile*, a tool used to document medical information, has been developed and is being used in several locations across Virginia.

Areas of improvement include:

- Frequency of contact is influenced by caseload size, case crises, and other factors that limit workers' attentions to each child and family.
- Foster care case review findings indicated a high percent of foster care youth with multiple school placements. Further assessment in this area is needed in order to determine if the high number of multiple school placements is representative of the state.
- Preventive dental care has been identified as a challenge in some localities across Virginia because there is difficulty finding dentists willing to accept Medicaid for dental visits.
- Well-being outcomes need continuous review so that the areas of worker-child visits, education, physical health, and mental health are monitored on an on-going basis.

Strategies for strengthening child well-being include:

- Frequency of contacts between worker and child, as well as worker and parent, requires further assessment to determine if changes in policy and/or practice are needed.
- Statewide use of a tool similar to the *Child Health Profile* for children in foster care would ensure comprehensive documentation of medical needs and services.
- CPS policy will be re-examined to determine where requirements related to the child's well-being need to be strengthened.
- Future plans include enhancing OASIS to capture the number of school placements a child has while in foster care. VDSS will work with the Department of Education and LDSS to re-examine policies, practices, and placements, identifying changes needed in order to facilitate children in foster care remaining in their school of origin. Strategies to reduce multiple school placements will be developed.
- VDSS will work collaboratively with LDSS in order to develop a plan to monitor well-being outcomes on a continuous basis.

IV. State Assessment of Strengths and Needs

The Commonwealth of Virginia has embraced the opportunity to assess its child welfare programs and improve the lives of children and families. Virginia is committed to making improvements at all levels in order that children and families are safe, stable, and healthy.

1. What specific strengths of the agency's programs has the team identified?

Virginia's self-assessment has identified many strengths of state and local child welfare programs. The Virginia Department of Social services (VDSS) is using the federal review to further strengthen child and family services throughout the state.

Virginia's locally administered system with 121 local departments of social services (LDSS) offers close community planning and service delivery collaborations. Local communities are able to set priorities and establish resources to meet needs of residents, within parameters established in law and VDSS policies. Counties and independent cities of Virginia have responsibility to commit local funds to child welfare and other social services programs.

Virginia's Comprehensive Services Act (CSA) strongly supports collaboration among key partners at the local and state levels, as well as in assessment and service delivery for families and children. CSA is nationally recognized as a model of collaboration. The multidisciplinary system brings together participants at the state and local level, including public schools, mental health agency, juvenile justice, and health department, as well as provider and parent representatives, to offer services from a holistic family-centered perspective.

CSA has pooled funding resources for services to children and families. Pooled funding allows communities to be more collaborative and planful in responding to the needs of children and families, regardless of referral source.

Virginia is strong on safety for children. Virginia meets both federal safety measures. Through both focus group discussions and surveys, stakeholders have validated that Virginia is responsive to child abuse and neglect. Child Protective Services (CPS) Differential Response System is reforming the program and focusing staff on providing services to families. Only the most severe situations now undergo an investigation. Strong collaborations exist between law enforcement and LDSS, as well as with schools.

Virginia's Court Improvement Project (CIP) has significantly improved timely juvenile court reviews and hearings that focus on permanency. In collaboration with VDSS, CIP has successfully sought legislative changes to ensure timeliness of juvenile court processes, the latest of which is annual hearings for permanent foster care. CIP has provided annual statewide trainings for judges and clerks, produced court forms that contain language and instructions for ensuring proper rulings are made, and facilitated formation and engagement of local court improvement teams. CIP has also assisted in development of best practice courts in Virginia.

Virginia has made great strides in adoption of children. Virginia met goals for Adoption 2002 two years early. The Adoption Assistance program is one of the most comprehensive in the nation. Virginia has established many public-private partnerships for adoption. The

post-adoption initiative supports families statewide who have successfully adopted and has documented success in decreasing adoption disruption.

Virginia has placed a high priority on prevention services to strengthen families and prevent out-of-home placement. The low rate of children in foster care (four per 1,000 children in its child population) is primarily due to prevention efforts. Virginia has developed and collaborated on a wide array of initiatives, such as Healthy Families, to expand and enhance community-based services. Safe and Stable Families funding is allocated to communities for community priorities and best practices, based on needs assessments.

Virginia's statewide information system, OASIS, is able to provide a multitude of reports on children in foster care. About 200 reports are available, including locality-specific outcome reports, caseload reports, and demographics. The system can provide reports that support identification of areas for improvement and community trending of problem areas that impact safety, well-being, and permanency. In addition, the system offers case management and documentation functions.

Training is comprehensive, competency-based and well-received. Skills-based training is provided in collaboration with Virginia Commonwealth University through Virginia Institute for Social Services Training Activities (VISSTA). VDSS has embarked on a major expansion of the training network, involving other state universities through VISSTA.

2. *What specific needs has the team identified that warrant further examination in the onsite review? Note which of these needs are the most critical to the outcomes under safety, permanency, and well-being for children and families in the State.*

The on-site review will permit examination of practices and outcomes across a suburban area rich with resources, an urban city faced with poverty, and a rural county challenged by limited resources. Since Virginia is a locally administered system with 121 LDSS, a major issue is local autonomy, which has positive aspects as well as drawbacks. Coupled with local autonomy, the variable economic wealth among counties and cities can affect service quality and delivery. Thus the recommendation of local sites for the review will allow examination of three different communities faced with similar challenges of safety, permanency, and well-being for children and families, each using its local creativity and varied approaches. Best practice approaches should emerge from review in the recommended local sites so those practices can be shared with other similar LDSS.

The on-site review will provide an opportunity to assess how well Comprehensive Services Act (CSA) is functioning at a local, case-specific level. Although CSA has established state and local collaboration among key sectors of human services, information gathered during the statewide assessment indicates that CSA's administrative processes can be burdensome at times.

The review will help to determine how successfully children's cases are being handled through legal processes and if the state laws and procedures are working. Virginia's Court Improvement Project preceded the Adoption and Safe Families Act (ASFA) and has reformed and improved court processes for child welfare. Positive findings from

the on-site case review should validate that legislative and policy changes are actually reflected in practice.

The review will permit Virginia to receive feedback on children with the goal of permanent foster care. Permanent foster care has been in statute for many years and children are being placed with permanent families while remaining in local custody. The cases are reviewed annually by the juvenile court. Examining in depth selected children in permanent foster care will assist in determining its appropriateness and benefits for children and families.

The review will be an opportunity for Virginia to learn from suggestions of federal partners, including peers from other states. Workloads and administrative burdens on staff, particularly those in foster care, are a barrier to quality services and a cause for worker turnover. Ideas for improving pressures on child welfare staff will be beneficial.

3. Which three locations, e.g., counties or regions, in the State are most appropriate for examining the strengths and concerns noted above in the onsite review?

Fairfax County is the largest metropolitan area in Virginia, with a population of 970,000. The Fairfax Department of Family Services (DFS) also serves the independent cities of Fairfax and Falls Church, increasing total population to slightly over 1 million. The next largest area is the City of Virginia Beach with a population of 425,000. Fairfax has a median household income of $81,050 and a poverty level of 2.4 percent. It also has a very diverse cultural and ethnic mix of people, which provides challenges in serving families and children. Fairfax DFS is in the Northern region of VDSS, about 106 miles north of Richmond.

The other two sites recommended are the City of Norfolk and the County/City of Bedford. These two areas plus Fairfax will provide an excellent representation of the diversity of LDSS in Virginia. Fairfax represents a suburban area. Norfolk represents inner city urban areas, while Bedford represents rural areas.

Norfolk is a city served by the Norfolk Division of Social Services (DSS), located 92 miles east of Richmond in the Eastern region of VDSS. Norfolk is an urban area with 234,000 residents with a median household income of $31,615 and a 15.5 percent poverty rate. It is the third largest city by population in the State (Virginia Beach and Chesapeake are larger) but it is the largest urban city. Norfolk is the cultural, educational, business and medical center of the area called Hampton Roads, and has a large military population.

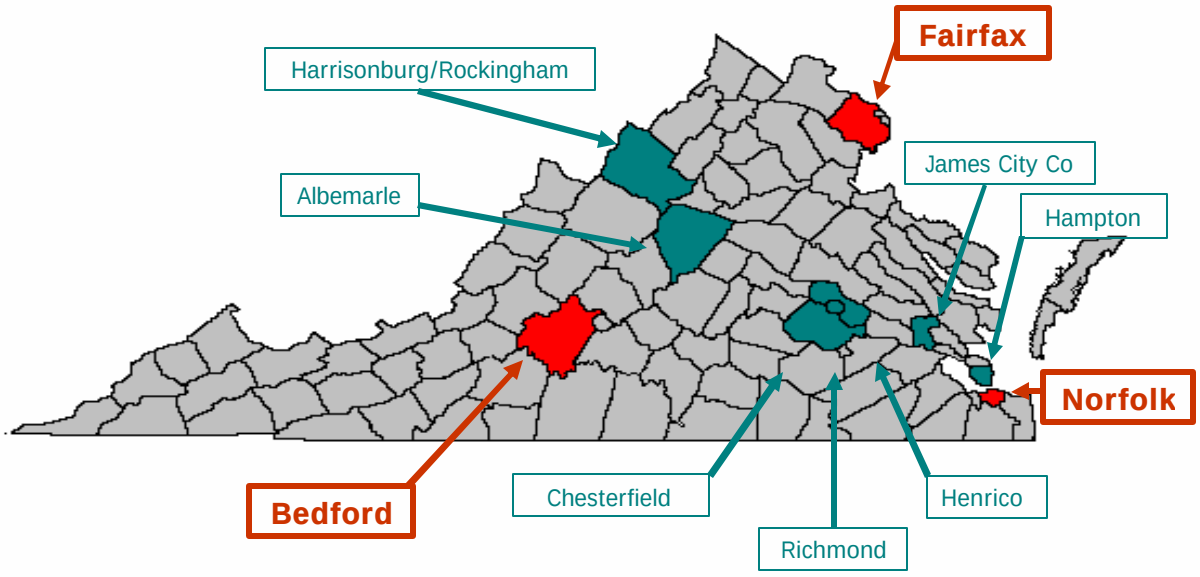
Bedford County and the City of Bedford are both served by the Bedford Department of Social Services (DSS) located about 135 miles west of Richmond in the Piedmont region of VDSS. The Bedford area is rural with 66,670 residents with a median household income of $41,163 and a poverty level of 5.2 percent.

The 45-member Statewide Stakeholders Committee (SSC) recommended Norfolk and Bedford as the sites for the on-site review. SSC spent nine months in the site selection process, beginning in May 2002. Early in the process, members developed a set of criteria for consideration. Factors included data on localities' outcomes; community collaborations; special initiatives; varied service delivery; juvenile court relationships; foster and adoptive

training; varied representation of the types of Virginia's jurisdictions; distance to Richmond; VDSS regional recommendations; the capability and willingness of the LDSS director to participate; and local staffing, including caseload size and supervisor-worker ratios.

- Beginning in May 2002, SSC narrowed 121 LDSS to 44, primarily considering the number of foster care cases in each. Most LDSS in Virginia do not have sufficient caseload to support the review. LDSS near Fairfax were also eliminated early as the SSC felt it was important to have diverse representation, and those agencies were similar to Fairfax.
- Proximity to Richmond, since review team members would have to travel to Richmond for the review wrap-up was another factor in the early stage. After dropping the localities that were too far geographically, the number of LDSS reduced to 38.
- When the number of open child protective services cases was considered, the committee reduced the LDSS numbers to 28.
- After examining data on foster care and adoptions, local outcome results, regional recommendations, and general representation, the committee reduced the number to 18 by the end of June.
- The capacity/willingness of the LDSS, local staffing, OASIS input practices and use of data, special initiatives, varied service delivery, juvenile court relationships, foster and adoptive training, population density, poverty percent, and other data all factored into narrowing the list to 11 potential sites by the end of July.
- Beginning in August, directors from the 11 potential sites attended the Statewide Stakeholders Committee (SSC) meeting and shared their strengths and challenges for being a review site. By the end of the committee deliberations, the list narrowed to nine LDSS.
- From September through December, representatives of the nine potential sites were an integral part of SSC. Each shared their agency's approach on differing topics related to the committee's criteria throughout the four months.
- In January, after much deliberation, committee members selected Bedford and Norfolk to represent Virginia.

The following map illustrates the locations of the nine LDSS considered for the on-site review, with the selected sites highlighted.



Average number of foster care and CPS cases, and performance on the permanency outcomes for the nine LDSS considered for the on-site review, plus Fairfax, are identified in Table 1.

Table 1: Local DSS	Region	Average 2002 FC Children*	2002 CPS Cases	2001 Permanency Federal Performance Indicators							
				Return Home within 12 months	Return % (76.2% or more)	Adoption in 24 months	Adopt % (32% or more)	2 or less Settings in 12 mo	Setting % (86.7% or more)	Re-entry in 12 mo	Re-entry % (8.6% or less)
Albemarle	Northern	122	48	9	42.9%	2	50.0%	37	90.2%	0	0.0%
Bedford	Piedmont	132	43	7	87.5%	2	28.6%	67	74.4%	1	1.2%
Chesterfield/Col Hts	Central	127	117	4	80.0%	3	23.1%	27	73.0%	3	8.8%
Fairfax	Northern	490	247	50	63.3%	5	13.9%	181	83.4%	4	2.0%
Hampton	Eastern	265	71	6	40.0%	1	20.0%	45	91.8%	0	0.0%
Harrisonburg/ Rockingham	Northern	133	131	18	69.2%	4	100.0%	48	94.1%	0	0.0%
Henrico	Central	142	69	3	75.0%	0	0.0%	36	72.0%	1	2.2%
James City Co	Eastern	38	57	2	33.3%	2	50.0%	14	93.3%	1	7.1%
Norfolk	Eastern	425	331	37	77.1%	3	12.5%	118	77.1%	8	5.5%
Richmond City	Central	660	271	74	73.3%	2	4.0%	181	80.1%	7	3.5%
Statewide		7,718		752	73.6%	75	17.9%	2718	84.8%	103	3.5%

* Foster care caseload numbers are based on state counts, including youth to age 21.

Fairfax DCFS serves a suburban area and has an average of 490 children in foster care and 247 CPS on-going cases. It has 1.9 children in foster care and 2.6 child victims

of abuse or neglect per 1,000 children in its child population. Their foster care population is 6.3 percent of foster care children in Virginia.

Norfolk DSS serves an urban city and has an average of 425 foster care children and 331 CPS on-going service cases. It has 7.7 children in foster care and 8.3 victims of child abuse or neglect per 1,000 children in its child population. It offers the opportunity to review an urban setting in contrast to Fairfax, the largest metropolitan area, which is a county that has extensive resources. The Eastern region of the state has had more child fatalities than the rest of the state, and Norfolk had one fourth of the region's fatalities.

Norfolk DSS met the federal performance indicators for length of time to achieve reunification (77.1 percent) and foster care re-entry (5.5 percent) in FFY 2001, but was weak in adoption. It has a number of best practices, including foster parent linkages for institutionalized children, its own quality assurance unit, and a requirement for monthly face-to-face contact with foster care children at their placement location. Norfolk is open to assessment and wants to participate in the federal review. The agency is already evaluating its child welfare system through a contract with Norfolk State University, in conjunction with the Child Welfare League of America (CWLA).

Bedford DSS serves a rural area and has an average of 132 foster care children and 43 CPS service cases. It has 8.5 children in foster care and 6.0 victims of child abuse or neglect per 1,000 children in its child population. Bedford is representative of the Western area of the state, and about as far west as travel constraints for reviewers would allow.

Bedford faces many challenges as a rural LDSS. Worker caseloads are considered high (25 cases per worker) and it has had recent social worker turnover. The agency has developed its own resources for the community, including three group homes and several assessment foster homes. The Director does some of the foster and adoptive parent training. The agency has an excellent working relationship with the juvenile court judge and clerk of court. The review will provide an opportunity to assess a number of agency initiatives, such as their 30-day assessment foster homes, group homes, and the use of a 90-day home visit checklist.

Bedford met the federal performance indicators for reunification (87.5 percent) and foster care re-entry (1.2 percent) in FFY 2001. Of the nine agencies considered, it had the lowest median length of stay in foster care (12 mo), the highest percent of foster care children with a reunification goal (42.3 percent), and lowest percent of children with the goal of adoption (17.6 percent) in FFY 2001.

4. Comment on the statewide assessment process in terms of its usefulness to the State, involvement of the entire review team membership, and recommendations for revision.

Virginia took on the challenge of assessing its child welfare programs as an opportunity to make improvements in services and outcomes for children and families. The attention throughout was primarily on improvement, not preparation for a federal review. The upcoming review served as a catalyst for engagement of many stakeholders that might not have otherwise been engaged.

Overall, the statewide assessment process has been very helpful in formalizing a quality review and improvement focus to develop program and systemic changes. The review process has assisted VDSS identify improvements in programs to strengthen services. VDSS has established a Quality Review and Improvement Unit within VDSS. Participating in the federal review process and development of the program improvement plan will assist VDSS in its development of a formal statewide quality assurance process.

The review and improvements have focused priorities on outcomes and data. The process of systematically collecting and organizing information regarding child welfare data and OASIS system has been challenging and fruitful. The difficulties encountered in collecting and coordinating information from different parts of the system was enlightening and presented VDSS with a new set of challenges. Data collections have caused remapping and programming of AFCARS programs. Although OASIS is not a complete SACWIS, it is fully capable of determining the status, demographics, location and goals of all children in foster care throughout the state.

The involvement of external stakeholders throughout the process has been invaluable. The Statewide Stakeholders Committee and active participation of members has guided the process and kept it focused. The committee's responsibilities and objectives are evolving into a consultative and advisory role for VDSS, with membership expanding to incorporate more agencies to broaden collaborative and partnership efforts. The committee will be instrumental in developing Virginia's Program Improvement Plan (PIP). Additional input sought from stakeholders and partners through surveys and focus groups has provided reinforcement for strengths and focused on areas needing improvement.

The Statewide Assessment has engaged cross program functional teams to examine systemic factors that support outcomes. These cross program functional teams have provided an opportunity for program-specific individuals to work together to assess systemic factors and strategize on needed changes.

Recommendations for future reviews include:

- Reconsider Statewide Assessment questions to reduce duplication and focus on the most salient points.
- Reconstruct the adoption performance measure using a different measure that recognizes adoption after it is selected as a goal, rather than 24 months from entry into foster care.

5. List the names and affiliations of the individuals who participated in the development of the statewide assessment (please specify their role).

To prepare for the review and assess child and family services throughout the state, Virginia organized a Steering Committee and Stakeholders Committee. Six subcommittees addressed various components of the Statewide Assessment. A Communications subcommittee provided guidance on information sharing. See Appendix C for listing of individuals involved.

Virginia established a Statewide Stakeholders Committee (SSC) that met monthly, beginning in April 2002. SSC oversaw the preparations of the Statewide Assessment, including work of six subcommittees, the organization and approach for focus groups, overall content of surveys and target audiences, and the selection of the on-site locations.

The SSC has responsibility to oversee and guide Virginia's preparation for the Child and Family Services Review, as well as quality improvements. Specific responsibilities include but are not limited to:

- Promoting the Child and Family Services Review within each member's professional arena.
- Assisting in identifying of strengths and needs of Virginia's child welfare system, specifically the systemic factors and outcomes covered by the review.
- Guiding development of Virginia's program improvement plan for any element in which Virginia does not meet requirements, if necessary.

Membership included:

Stakeholder Members

Debra Andrews, State Board of Social Services
Karen Angeloff, Virginia Coalition of Private Providers
Carolyn Arthur, Virginia Community Service Board
Amy Atkinson, Virginia Commission on Youth
Catherine Bodkin, Virginia Department of Health
Charles Bond, Governor's Advisory Board on Child Abuse/Neglect
Deniece Brown, Social Work Alliance Association
Cassandra Calender-Ray, Virginia One Church, One Child
Julie Christopher, State Board of Social Services
Pamela Fitzgerald Cooper, Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services
Margaret Nimmo Crowe, Voices for Virginia's Children
Susan Cumbia, State Local Advisory Team, Henrico CSA
The Honorable Nelson Durden, Hampton Juvenile & Domestic Relations Court
Aileen Edwards, Adoption, Foster and Kinship Association
Charles Emmons, Quinn Rivers Community Action
Dr. Robin Foster, Pediatrician
Kathy Froyd, Fairfax County DSS
Rhonda Gardner, District Court Clerk Association
Ray Hartz, Virginia Poverty Law Center
Lelia Hopper, Supreme Court, Court Improvement Project
Steve Jurentkuff/Johanna Schuchert, Prevent Child Abuse Virginia
Kathryn Kotula, Virginia Department of Medical Assistance Services
Rebecca Lee, Family Lifeline
Rebecca Lothery, People, Incorporated
Dr. Betty McCrary, Roanoke County DSS
Nan K. McKenney, Family and Children Trust Fund
Dr. Brian Meyer, Virginia Treatment Center for Children
Grace Nozaki, Fairfax CASA
Mary E. Parker, Accomack DSS
Rick Pond, VISSTA-VCU
Dr. Lissa Power-deFur, Virginia Department of Education
The Honorable Stephen W. Rideout, Alexandria Juvenile and Domestic Relations Court
Stephanie Sivert, Office of Comprehensive Services
Amy Strite, Family Lifeline
Reeva Tilley, Virginia Council on Indians
Angela Valentine, Virginia Department of Juvenile Justice
Wilma Vance, Adoption, Foster and Kinship Association
Adalay Wilson, Virginia Association of Licensing Child Placing Agency
Jo Ann Wilson-Harfst, Mathews DSS

VDSS Staff Members

Maurice Jones, Commissioner, Co-chair
Jean Sheil, Deputy Commissioner, Co-chair
Linda Booth, Quality Review and Improvement
Jack Frazier, Northern Regional Office
Ray Goodwin, Deputy Commissioner
Rita Katzman, CPS
Brenda Kerr, Permanency
Cathleen Newbanks, Family Services
Jo Ann Simmons, Northern Regional Office

A state steering committee, led by the Family Services Assistant Director, composed of key VDSS staff, met weekly. Program managers and staff from each of the program areas, quality review and improvement, program integrity, community resources, information systems, and research participated to guide progress. See Appendix C for members.

Many stakeholders completed surveys and participated in focus groups. VDSS surveyed foster parents, older youth in foster care, CSA partners, child-placing agencies, residential facilities, and LDSS directors, child welfare supervisors, and selected social workers. In collaboration with Virginia Commonwealth University, VDSS had 22 focus groups across the state that included juvenile court representatives, foster parents, birth parents, providers and LDSS staff.

APPENDIX A

Children in Foster Care and Child Protective Services Reports By Locality

Locality	FIPS	Region	Average Foster Care CY 2002	CPS Founded SFY 2002	CPS Unfounded SFY 2002	CPS Family Assess. SFY 2002	CPS Total Children SFY 2002
Accomack	001	Eastern	44	43	134	0	177
Albemarle	003	Northern	122	21	34	458	513
Alexandria	510	Northern	145	174	692	139	1,005
Alleghany	005	Piedmont	20	10	58	14	82
Amelia	007	Piedmont	4	22	34	7	63
Amherst	009	Piedmont	23	34	69	20	123
Appomattox	011	Piedmont	2	13	48	6	67
Arlington	013	Northern	163	170	556	115	841
Augusta	015	Northern	69	85	274	33	392
Bath	017	Northern	7	14	14	0	28
Bedford City*	515	Piedmont	30	19	64	13	96
Bedford County*	019	Piedmont	102	112	354	58	524
Bland	021	Western	9	11	42	13	66
Botetourt	023	Piedmont	20	16	22	0	38
Bristol	520	Western	42	49	120	19	188
Brunswick	025	Piedmont	7	6	62	3	71
Buchanan	027	Western	74	49	300	70	419
Buckingham	029	Piedmont	15	7	68	1	76
Buena Vista	530	Northern	6	0	26	8	34
Campbell	031	Piedmont	55	65	401	32	498
Caroline	033	Central	9	25	99	12	136
Carroll	035	Western	10	24	52	4	80
Charles City	036	Central	3	4	7	1	12
Charlotte	037	Piedmont	7	16	75	8	99
Charlottesville	540	Northern	199	61	176	58	295
Chesapeake	550	Eastern	151	234	1,012	133	1,379
Chesterfield	041	Central	125	338	919	0	1,257
Clarke	043	Northern	14	16	21	1	38
Colonial Heights	570	Central	2	49	60	0	109
Covington	580	Piedmont	12	9	38	7	54
Craig	045	Piedmont	9	13	23	0	36
Culpepper	047	Northern	40	19	195	31	245
Cumberland	049	Piedmont	5	27	63	11	101
Danville	590	Piedmont	49	77	288	62	427
Dickenson	051	Western	45	19	179	27	225
Dinwiddie	053	Central	14	15	89	4	108
Emporia	595	Central	9	1	6	0	7
Essex	057	Central	10	3	9	0	12
Fairfax City *	600	Northern	2	18	42	2	62

Locality	FIPS	Region	Average Foster Care CY 2002	CPS Founded SFY 2002	CPS Unfounded SFY 2002	CPS Family Assess. SFY 2002	CPS Total Children SFY 2002
Fairfax County*	059	Northern	485	446	2,001	470	2,917
Falls Church *	610	Northern	3	0	7	1	8
Fauquier	061	Northern	34	28	235	54	317
Floyd	063	Western	10	19	47	13	79
Fluvanna	065	Northern	20	16	51	1	68
Franklin City	620	Eastern	6	3	2	0	5
Franklin County	067	Piedmont	66	28	126	23	177
Frederick	069	Northern	39	66	274	51	391
Fredericksburg	630	Central	52	25	96	9	130
Galax	640	Western	7	16	22	3	41
Giles	071	Western	10	65	193	37	295
Gloucester	073	Central	29	20	90	14	124
Goochland	075	Central	19	8	27	8	43
Grayson	077	Western	26	38	57	6	101
Greene	079	Northern	19	7	54	0	61
Greensville	081	Central	7	7	22	8	37
Halifax	083	Piedmont	48	64	173	18	255
Hampton	650	Eastern	265	177	487	37	701
Hanover	085	Central	42	51	281	0	332
Harrisonburg	660	Northern	69	115	317	88	520
Henrico	087	Central	142	243	622	127	992
Henry	089	Piedmont	42	40	162	14	216
Highland	091	Northern	2	0	1	0	1
Hopewell	670	Central	58	63	207	36	306
Isle Of Wight	093	Eastern	29	24	150	21	195
James City	095	Eastern	38	101	110	27	238
King And Queen	097	Central	6	0	0	0	0
King George	099	Central	13	8	28	7	43
King William	101	Central	4	9	42	12	63
Lancaster	103	Central	9	1	14	5	20
Lee	105	Western	112	27	122	41	190
Lexington	678	Northern	0	3	14	2	19
Loudoun	107	Northern	38	30	97	405	532
Louisa	109	Northern	22	16	79	3	98
Lunenburg	111	Piedmont	5	0	13	1	14
Lynchburg	680	Piedmont	143	158	570	101	829
Madison	113	Northern	7	20	31	5	56
Manassas	683	Northern	24	49	181	7	237
Manassas Park	685	Northern	13	13	40	17	70
Martinsville	690	Piedmont	25	6	66	10	82
Mathews	115	Central	5	10	21	7	38
Mecklenburg	117	Piedmont	31	20	137	0	157
Middlesex	119	Central	6	1	16	2	19
Montgomery	121	Western	39	101	118	247	466

Locality	FIPS	Region	Average Foster Care CY 2002	CPS Founded SFY 2002	CPS Unfounded SFY 2002	CPS Family Assess. SFY 2002	CPS Total Children SFY 2002
Nelson	125	Northern	9	9	36	3	48
New Kent	127	Central	6	8	26	0	34
Newport News	700	Eastern	490	209	993	97	1,299
Norfolk *	710	Eastern	425	499	1,659	57	2,215
Northhampton	131	Eastern	24	7	18	0	25
Northumberland	133	Central	14	15	35	6	56
Norton	720	Western	14	11	79	13	103
Nottoway	135	Piedmont	12	9	20	3	32
Orange	137	Northern	27	45	92	17	154
Page	139	Northern	31	42	68	27	137
Patrick	141	Piedmont	10	41	100	0	141
Petersburg	730	Central	118	80	208	48	336
Pittsylvania	143	Piedmont	22	101	204	36	341
Poquoson	735	Eastern	3	3	10	19	32
Portsmouth	740	Eastern	240	142	291	986	1,419
Powhatan	145	Central	5	11	39	0	50
Prince Edward	147	Piedmont	6	34	39	26	99
Prince George	149	Central	24	30	107	12	149
Prince William	153	Northern	170	227	1,604	163	1,994
Pulaski	155	Western	46	108	436	68	612
Radford	750	Western	12	12	64	8	84
Rappahannock	157	Northern	12	0	3	0	3
Richmond City	760	Central	660	430	2,548	0	2,978
Richmond Co	159	Central	7	8	24	5	37
Roanoke City	770	Piedmont	305	207	829	206	1,242
Roanoke County	161	Piedmont	56	69	234	42	345
Rockbridge	163	Northern	12	13	94	14	121
Rockingham	165	Northern	64	172	485	88	745
Russell	167	Western	39	46	133	33	212
Salem	775	Piedmont	14	7	31	6	44
Scott	169	Western	35	29	115	12	156
Shenandoah	171	Northern	27	19	158	36	213
Smyth	173	Western	32	40	386	74	500
Southampton	175	Eastern	4	16	92	3	111
Spotsylvania	177	Central	62	62	377	60	499
Stafford	179	Central	92	92	226	66	384
Staunton	790	Northern	60	55	186	24	265
Suffolk	800	Eastern	91	24	200	81	305
Surry	181	Central	4	4	7	2	13
Sussex	183	Central	6	19	10	5	34
Tazewell	185	Western	106	70	400	66	536
Virginia Beach	810	Eastern	276	944	1,910	203	3,057
Warren	187	Northern	44	72	139	8	219
Washington	191	Western	28	63	309	71	443

Locality	FIPS	Region	Average Foster Care CY 2002	CPS Founded SFY 2002	CPS Unfounded SFY 2002	CPS Family Assess. SFY 2002	CPS Total Children SFY 2002
Waynesboro	820	Northern	27	24	233	27	284
Westmoreland	193	Central	10	4	29	5	38
Williamsburg	830	Eastern	15	7	45	1	53
Winchester	840	Northern	56	15	27	4	46
Wise	195	Western	87	113	602	65	780
Wythe	197	Western	19	45	243	51	339
York	199	Eastern	19	46	41	162	249
STATEWIDE			7718	**8,388**	**30,372**	**6,317**	**45,077**

* Review Sites: Bedford City and Bedford County are served by the Bedford Department of Social Services

Fairfax City, Fairfax County and Falls Church are served by the Fairfax Department of Family Services

Norfolk Division of Social Services serves Norfolk City

APPENDIX B
Automated Reports

Management and Statistical Reports Available from OASIS

As of April 2003

Program Area	Report Name	Description	Presentation	Frequency	Available to
Adoption	Foster Care Demographic Report for Children with a Goal of Adoption	Summary statistics of foster children with a goal of adoption, including sex, race, age and placement status	On-line, can be printed	Monthly and Quarterly	Anyone with DSS Intranet access
Adoption	Adoptive Children Report	Subsidy, placement, demographic, placement agreement and renewal info on children who have been placed for adoption by worker and locality.	Word document sent via courier to each locality. Spreadsheet e-mailed upon request.	Monthly	Adoption Supervisor
Adoption	Finalized Adoption Reports	Excel spreadsheet with data on children in agency adoption during report period. The annual data is run at least ninety days after the end of the state fiscal year in order to allow staff adequate time to input data	Excel spreadsheet Intranet Oasis Support Page	Annual	Anyone with DSS Intranet access
Child Protective Services	Referral Log	Tracks pending, completed or all referrals/investigations/assessments for time periods up to three months by locality, unit, worker, individual referral. Can be sorted by date, ID, Family Name, Finding, etc.	On-line, can be printed	Real time	CPS workers and supervisors with level 16 access
Child Protective Services	Purge Eligibility Roster	Names of abusers/neglecters to be purged from OASIS by locality and worker	On-line, can be printed	Monthly update (night of the 15th). Purge occurs daily for eligible names.	CPS workers and supervisors with level 16 access
Child Protective Services	Referrals & Findings	Summary statistics by disposition for locality, region, state	Intranet OASIS Support Page	Annual & Quarterly	Anyone with DSS Intranet access
Child Protective Services	Victims by Disposition & Risk	Summary statistics of CPS victims by disposition & risk for locality, region, state	Intranet OASIS Support Page	Annual & Quarterly	Anyone with DSS Intranet access
Child Protective Services	Victims by Age & Gender	Summary statistics of CPS victims by age & gender for locality, region, state	Intranet OASIS Support Page	Annual	Anyone with DSS Intranet access
Child Protective Services	Victims by Race & Gender	Summary statistics of CPS victims by race & gender for locality, region, state	Intranet OASIS Support Page	Annual	Anyone with DSS Intranet access

Program Area	Report Name	Description	Presentation	Frequency	Available to
Child Protective Services	Caretakers by Disposition & Risk	Summary statistics of CPS caretakers by disposition & risk for locality, region, state	Intranet OASIS Support Page	Annual & Quarterly	Anyone with DSS Intranet access
Child Protective Services	Caretakers by Age & Gender	Summary statistics of CPS caretakers by age & gender for locality, region, state	Intranet OASIS Support Page	Annual	Anyone with DSS Intranet access
Child Protective Services	Caretakers by Race & Gender	Summary statistics of CPS caretakers by race & gender for locality, region, state	Intranet OASIS Support Page	Annual	Anyone with DSS Intranet access
Child Protective Services	Recurrence of Abuse/ Neglect	Summary statistics of victims with a subsequent founded report within 6 months & 12 months for locality, region, state	Intranet OASIS Support Page	Annual	Anyone with DSS Intranet access
Child Protective Services	Number of Open On-going CPS Cases	Number of open on-going cases as of the first of the month, by case type for locality & state	Intranet OASIS Support Page	Annual & Monthly	Anyone with DSS Intranet access
Child Protective Services	Family Assessment Switched to Investigation	Excel spreadsheet data shows totals of assigned family assessments that were switched to investigations. These numbers are taken out of the CPS Referral and Findings Report.	Excel spreadsheet Intranet Oasis Support Page	Quarterly and Annual	Anyone with DSS Intranet access
Foster Care	Active Foster Care Children Report	Funding, placement, demographic and court info on children currently in foster care by worker, locality, or state. Can be sorted by client name, date of birth, race, current custody date, program goal, category, source of payment, date & type of last hearing/review, etc.	On-line, can be printed. Can be saved as an Excel spreadsheet so data can be manipulated.	Updated nightly. Information in report reflects previous day.	Local agencies, Regional and Central Office
Foster Care	Foster Care Children Demographics Report	Sex, age, race, goal, & average time in care by goal for locality, region, state	Intranet Service Programs Support Page	Monthly	Anyone with DSS Intranet access
Foster Care	Foster Care Funding Distribution Report	Guide to help identify and monitor % of foster care children eligible for Title IV-E by locality, region & state	Intranet Service Programs Support Page	Monthly	Anyone with DSS Intranet access
Foster Care, Adoption, Day Care, Adult Services	Resource Report	Record of individual, active or all resources in OASIS for locality by category & type. Provides resource name, category, type, address, telephone number, ID number, start & end dates.	On-line, can be printed	Real time	Anyone with OASIS access
Foster Care, Adoption, Day Care, Adult Services	Resource Vacancy Report	Shows # of vacancies for individual resource or all resources in locality by category & type. Provides resource name, category, type, address, telephone number, ID number, etc.	On-line, can be printed	Real time	Anyone with OASIS access

Program Area	Report Name	Description	Presentation	Frequency	Available to
Foster Care, Adoption, Child Protective Services	Ticklers	Actions due or overdue for worker or unit by date, nature, referral/case name. Can be sorted by all available fields	On-line, can be printed	Real time	Anyone in locality with OASIS access
Foster care, Adoption, Child Protective Services	Case Closure Report	Case names, dates opened/closed, case type, closure reason, summary for worker, unit or locality	On-line, can be printed	Real time	Anyone in locality with OASIS access
Foster care, Adoption, Child Protective Services, Resources	Staff List	Worker name, position, unit/group, telephone for locality	On-line-must be printed	Real time	Anyone in locality with OASIS access
Foster care, Adoption, Child Protective Services, Resources	Workload List	Referral/case number & name, type, date assigned, responsibility, open date for worker in locality. Can be sorted by all fields.	On-line, can be printed	Real time	Anyone in locality with OASIS access
Foster Care, Adoption, Child Protective Services, Resources	Supervisor Approvals	Identifies, by individual supervisor, actions for which supervisory approval has been requested. Can be sorted by case or worker name, type, nature, date of request.	On-line, can be printed	Real time	OASIS Unit Supervisor
All case types used in OASIS	Statistical Case Report	Excel spreadsheet with data on cases opened, closed and continued into the next period by locality, region and state.	Intranet OASIS Support Page	Monthly, quarterly and annual	Anyone with DSS Intranet access
All case types used in OASIS	Case Report Details	Excel spreadsheet which contains specific case information used to create Statistical Case Report. List of cases open at any point during month by locality, worker and case type.	Excel spreadsheet e-mailed to each locality	Monthly	Supervisors
Virginia Child Welfare Outcome Reports Utility	Approximately 100 reports available, see listing in utility HELP section	This utility can produce Federal Permanency Profiles, Annual Reports to Congress and other reports. Many of the reports can be exported to Microsoft Word and/or Excel. Reports can be run for a specific locality, a group of localities, region and statewide.	Online in utility Access reports that can be printed or saved as Excel spreadsheets or Word documents	Annual based on AFCARS submissions to Federal government	Anyone with DSS Intranet access

Referral, Case and Client Specific Reports Available from OASIS

As Of Version 2.6

Note: These reports are accessed in OASIS with an individual referral, case or client focus

Program Area	Report Name	Description	Presentation	Frequency	Available to
Adoption	Form 6.01	Notice of Medicaid eligibility for child receiving subsidy who is going to another state through Interstate Compact	Online, can be previewed & printed	Real time	Anyone with OASIS access
Adoption	Form 6.02	Notice of Action	Online, can be previewed & printed	Real time	Anyone with OASIS access
Adoption	Form 6.03	Change of Status	Online, can be previewed & printed	Real time	Anyone with OASIS access
Adoption, Foster Care	AREVA Child *Registration*	Registers child for Adoption Resource Exchange of VA & for National Exchange	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Adoption, Foster Care	AREVA Family Registration	Form to register family with Adoption Resource Exchange of VA & for National Exchange	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Adoption, Foster Care	AREVA Change of Child's Status	Notification of change in the status of a child that has been registered.	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Adoption, Foster Care	AREVA Change of Family's Status	Notification of change in the status of a family that has been registered.	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Adoption, Foster Care	Adoption Progress Report	Complies with Section 16.1-283G, of the Code of Virginia, which requires a written progress report to be submitted to the juvenile court six months following termination of parental rights and every six months thereafter until the adoption is finalized.	Online, can be previewed & printed	Real time	Anyone with OASIS access
Adoption, Foster Care,	AFCARS Data List	Summary of the AFCARS data elements for a specific child	On-line, must be printed	Real time	Anyone with OASIS access
Adoption, Foster Care	Adoption Staffing Notes	Client information, including med, psych, placement, family and recommendations	Generated by OASIS in Word, not saved in Oasis	Real time	Anyone with OASIS access

Program Area	Report Name	Description	Presentation	Frequency	Available to
Foster Care	Initial Assessment	Includes identifying & background information about the child(ren), circumstances that led to placement, agency involvement, summary of needs, issues that must be addressed for child to return home.	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Foster Care	Service Plan Part A	Describes needs of the child and family and identifies the services that will be provided to meet these needs so that the goal can be achieved.	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Foster Care	Service Plan Part B	Permanency plan	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Foster Care	Service Plan Part C	Optional field for use in providing confidential supplementary information to the Court at time of any judicial review	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Foster Care	Service Plan Review	Documentation of all reviews of the Service Plan and reassessments.	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Foster Care	Parental Visitation	Provides details of all visits for a specific child, including date, type, status, location, participants & individual who supervised visit.	Online, must be printed	Real time	Anyone with OASIS access
Foster Care	Face Placement Sheet	Client demographics, family, relationship,& placement information for a specific client	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Foster Care	Foster Care AFCARS Compliance Report	The AFCARS Compliance Report is designed to let supervisors review compliance for the current period of the 25 AFCARS elements that tend to have the highest error rates.	Online, can be previewed & printed	Information in report reflects AFCARS run of prior night	FC & Adoption Supervisors with level 9 access
Adoption, Foster Care, Child Protective Services	Client Merge Snapshot	Demographic Information on a client before he/she was merged	On-line, can be previewed & printed	Real time, contains data as of prior to the merge	Anyone with OASIS access
Foster Care, Child Protective Services	Case Contacts List	List of contacts (not including the narrative)	On-line, must be printed	Real time	Anyone with OASIS access

Program Area	Report Name	Description	Presentation	Frequency	Available to
Foster Care, Child Protective Services	Case Information	All information entered in the case	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Foster Care, Child Protective Services	Client Hearing Detail	Lists hearing information for a specific client	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Foster Care, Child Protective Services	Summary of Hearings	A list of all hearings associated with the case, including date, hearing type, client name and goal.	On-line, can be previewed & printed	Real time	Anyone with OASIS access
Child Protective Services	Case Connection Snapshot	Allegations and Removal Information for each client, at the time the Ref/Inv/Family Assessment was connected to a case for provision of services	On-line, must be printed	Real time	CPS workers & supervisors with level 16 access
Child Protective Services	Referral Acceptance Snapshot	Snapshots all information recorded in the Referral at the time of Referral Acceptance	On-line, must be printed	Real time, contains data as at the time of referral acceptance	CPS workers & supervisors with level 16 access
Child Protective Services	Referral/ Investigation Contacts	List of contacts Including date, purpose, detailed narrative and persons present	On-line, can be previewed & printed	Real time	CPS workers & supervisors with level 16 access
Child Protective Services	Initial Referral Snapshot	Snapshots the entire referral at a specific point in time	On-line, must be printed	Real time, contains data entered at the time of the snapshot	CPS workers & supervisors with level 16 access
Child Protective Services	Referral Information	Intake Information (Includes everything in the Referral)	On-line, can be previewed & printed	Real time	CPS workers & supervisors with level 16 access
Child Protective Services	Investigative Narrative	Includes all information recorded in the Investigation	On-line, can be previewed & printed	Real time	CPS workers & supervisors with level 16 access
Child Protective Services	Family Assessment Narrative	Includes all information recorded in the Family Assessment	On-line, can be previewed & printed	Real time	CPS workers & supervisors with level 16 access

Program Area	Report Name	Description	Presentation	Frequency	Available to
Child Protective Services	Family Needs Assessment	Copy of Final Assessment Outcome	On-line, can be previewed & printed	Real time	CPS workers & supervisors with level 16 access
Child Protective Services	Investigation Close Snapshot	Snapshots the allegations and findings at the time the investigation is closed	On-line, must be printed	Real time, contains data entered at the time the Investigation was closed	CPS workers & supervisors with level 16 access
Child Protective Services	Investigation Extension Report	Request for the supervisor to approve/deny an Investigation Extension	On-line, must be printed	Real time	CPS workers & supervisors with level 16 access
Resource	Placement Report	List of all placements for a specific resource including client name, entry and exit dates and reason for exit.	Online, can be previewed & printed	Real time	Anyone with OASIS access
Resource	Resource Contacts	List of contacts with a specific resource, including date, type, status, location, persons present and comments.	Online, can be previewed & printed	Real time	Anyone with OASIS access
Resource	Vendor Update Request	Form used for notification of updates to a specific resource, such as change of address.	Online, must be printed	Real time	Anyone with OASIS access

APPENDIX C
Committee Membership

STATEWIDE STAKEHOLDERS COMMITTEE
Maurice Jones, Commissioner, VDSS, Co-Chair
Jean Sheil, Deputy Commissioner, VDSS, Co-Chair
Debra Andrews, State Board of Social Services
Karen Angeloff, Virginia Coalition of Private Providers
Carolyn Arthur, Virginia Community Service Board
Amy Atkinson, Virginia Commission on Youth
Catherine Bodkin, Virginia Department of Health
Charles Bond, Governor's Advisory Board on Child Abuse/Neglect
Linda Booth, Family Services, VDSS
Deniece Brown, Alliance for Social Work Practitioner
Cassandra Calender-Ray, Virginia One Church, One Child
Julie Christopher, State Board of Social Services
Pamela Fitzgerald Cooper, Department of MHMRSAS
Margaret Nimmo Crowe, Voices for Virginia's Children
Susan Cumbia, State Local Advisory Team
The Honorable Nelson Durden, Hampton Juvenile & Domestic Relations Court
Aileen Edwards, Adoptive, Foster and Kinship Association
Charles Emmons, Quinn Rivers Community Action
Dr. Robin Foster, Pediatrician
Jack Frazier, Northern Regional Office DSS
Kathy Froyd, Fairfax County DSS
Rhonda Gardner, District Court Clerk Association
Ray Hartz, Virginia Poverty Law Center
Lelia Hopper, Court Improvement Program, Supreme Court
Ray Goodwin, Deputy Commissioner, VDSS
Rita Katzman, CPS, VDSS
Brenda Kerr, Permanency, VDSS
Kathy Kotula, Department of Medical Assistance Services
Rebecca Lee, Family Lifeline
Rebecca Lothery, People, Incorporated
Dr. Betty R. McCrary, Roanoke County DSS
Nan K. McKenney, Family and Children Trust Fund
Dr. Brian Meyer, Virginia Treatment Center for Children
Cathleen Newbanks, Family Services, VDSS
Grace Nozaki, Fairfax CASA
Mary E. Parker, Accomack DSS
Rick Pond, VISSTA-VCU
Dr. Lissa Power-deFur, Department of Education
The Honorable Stephen W. Rideout, Alexandria County Juvenile and Domestic Relations Court
Johanna Schuchert, Prevent Child Abuse Virginia
Jo Ann Simmons, Northern Regional Office DSS
Stephanie Sivert, Office of Comprehensive Services
Amy Strite, Family Lifeline
Reeva Tilley, Virginia Council on Indians
Angela Valentine, Department of Juvenile Justice
Wilma Vance, Adoptive, Foster and Kinship Association
Adalay Wilson, Virginia Association of Licensing Child Placing Agency
Jo Ann Wilson-Harfst, Mathews DSS

CFSR STEERING COMMITTEE
Linda Booth, Family Services, VDSS, Chair
Jane Brown, Community Programs, VDSS
Molly Carpenter, CPS, VDSS
Karin Clark, Adoptions, VDSS
Sara Coxon, Foster Care, VDSS
Judy English, OASIS, VDSS
Denatra Green-Stroman, CFSR, VDSS
William Haugh, OASIS, VDSS
Rita Katzman, CPS, VDSS
Brenda Kerr, Permanency, VDSS
Forrest Mercer, Safe and Stable Families, VDSS
Diane Reid, Service Programs, VDSS
Dana Steger, Adoption, VDSS
Mary Jo Thomas, Program Integrity, VDSS
Therese Wolf, Foster Care, VDSS
Betty Jo Zarris, CPS, VDSS
Teri Benson, CFSR, VDSS
Nanette Jarratt, CFSR, VDSS

CASE REVIEW SYSTEM SUBCOMMITTEE
Therese Wolf, Foster Care, VDSS, Chair
Wilhelmina Bourne, Henrico County CASA
Nancy Earnhardt, Bedford County DSS
Sandy Karison, Court Improvement Project, Supreme Court
Dana Neidley, Charlottesville DSS
Brenda Street, Western Regional Office VDSS
Romona Vasser, James City County DSS

COMMUNICATIONS SUBCOMMITTEE
Denatra Green-Stroman, CFSR, VDSS, Chair
Teresa Biggs, CPS, Piedmont Regional Office DSS
Linda Booth, Family Services, VDSS
Peggy Friedenberg, Benefit Programs, VDSS
DeAnn Hubicsak, Community Programs, VDSS
Alice Koenig, CPS, VDSS
Lyndell Lewis, Adoption, VDSS
Diane Reid, ICPC, VDSS
Melissa Wilfong, Communications, VDSS
Kirk Whiting, VIPNET
Marcella Williamson, Communications, VDSS

DATA AND ANALYSIS SUBCOMITTEE
Judy English, OASIS, VDSS, Chair
Barbara Allen, Goochland DSS
Linda Booth, Quality Review, VDSS
Molly Carpenter, CPS, VDSS
Darlene Carr, Halifax DSS
Sara Coxon, Foster Care, VDSS
Gary Cullen, Central Regional Office DSS
Marlene Freedman, Fairfax County DSS
William Haugh, OASIS, VDSS
Nanette Jarratt, Quality Review, VDSS
Jacqueline Mitchell-Shaw, Newport News DSS
Doris Moseley, Richmond City DSS
Pam Sheffield, OASIS, VDSS

Committee Membership

PROVIDER SUBCOMMITTEE

Karin Clark, Adoption, VDSS, Chair
Tim Fortune, Virginia Foster Parent Association
Jane Hanckel, Eastern Regional Office DSS
Jane Hotchkiss, Children's Home Society of Virginia
Connie Middleton, Licensing, VDSS
Georgia Phillips, Henrico DSS
Olivia Stokes, Richmond City DSS
Jean Weber, Commonwealth Catholic Charities
Charlene Vincent, Interagency Regulation, VDSS
Charlene White, Virginia One Church, One Child
Therese Wolf, Foster Care, VDSS

QUALITY ASSURANCE SUBCOMMITTEE

Sara Coxon, Foster Care, VDSS, Chair
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Ruth Baum, Norfolk DSS
Molly Carpenter, CPS, VDSS
Gary Cullen, Central Regional Office DSS
Carla Delongchamps, Northumberland DSS
Nanette Jarratt, Quality Review, VDSS
Marion Kelly, Finance, VDSS
Lori Kuder, Henrico CSA
Katherine Mayo, United Methodist Family Services
Allison Page, Fairfax County DSS
Mary Jo Thomas, Program Integrity, VDSS

SERVICE ARRAY/RESOURCE DEVELOPMENT SUBCOMMITTEE

Forrest Mercer, Safe and Stable Families, VDSS, Chair
Janice Bailey, Pittsylvania DSS
Carol Blair, Central Shenandoah Office on Youth
Patricia Gonet, Adoptions, VDSS
Jane Himmelman, Chesterfield County Interagency Services
Jane Jackson, Norfolk Human Service
Lyndell Lewis, Adoption, VDSS
Nanette Martin, Central Regional Office DSS
Letha Moore-Jones, Independent Living, VDSS
William Park, Institute for Family Centered Services
Susan Rosser-Jones, Campbell County DSS
Jo Ann Simmons, Northern Regional Office DSS
Elizabeth St. John, First District Court Service Unit
Linda Struck, CPS, VDSS
Reeva Tilley, Virginia Council on Indians

TRAINING SUBCOMMITTEE

Betty Jo Zarris, CPS, VDSS, Chair
Jenny Burroughs, Radford Univ., School of Social Work
Jane Denton, Radford Univ., School of Social Work
Linda Gupta, VISSTA-VCU
Gail Heath, Eastern Regional Office DSS
Bob Honour, VISSTA-ATC
Connie Middleton, Licensing, VDSS
Holly Oehrlein, Department of Criminal Justice
Riva O'Sullivan, Henrico County DSS
Laura Polk, OASIS, VDSS
Rick Pond, Director, VISSTA-VCU
Judy Randle, Albemarle DSS
Glenda Sawyer, Hampton DSS
Karen Walker, Piedmont Regional Office DSS
Rowena Wilson, Norfolk State Univ., School of Social Work
Jean Weber, FACTS Coordinator
Annette M. Wisniewski, Virginia Foster Care Association